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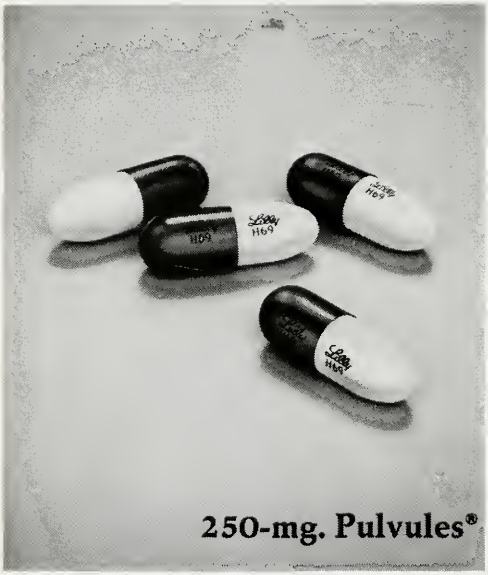

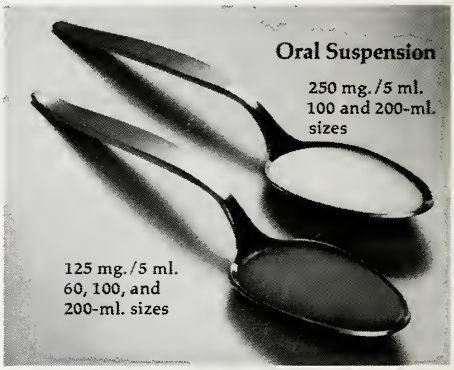

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JANUARY 1979 VOLUME 59 NUMBER 1

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MALPRACTICE: HOW PHARMACISTS COPE

By Sam Petteway
Pharmacy Administration 99
Fall 1978
UNC School of Pharmacy, Chapel Hill, NC

In recent decades, medical science and technology have experienced dramatic growth, accompanied by increasing specialization of medical care. Today there is a large and more heterogeneous mix of health manpower.[1] Public expectations concerning the performance of the medical sector have grown, stimulated by the mass media's treatment of impressive developments in medical technology and knowledge. All the changes contribute both to the probability that errors will occur and to the probability that patients cognizant of errors will make claims for damages.[2]

With pharmacy seemingly bent on changing its image, new roles, functions, and expanded responsibilities continue to emerge as do an array of legal implications. Clinical pharmacy is today's magic term in pharmacy circles. It may be defined as "the optimum utilization of the pharmacist's judgment, skills, and knowledge of pharmaceutical and biomedical sciences to prove the efficacy, the safety, the cost, and the precision with which drugs are used in patient care; and, furthermore, it's the continuing advancement of the state of the art. The growing role of the pharmacist appears to be here to stay. Therefore, practicing pharmacists should give due consideration to the formidable array of legal pitfalls confronting them.

Professionals in all walks of life are being buried under an avalanche of lawsuits. Doctors are being sued by patients, lawyers are being sued by clients, teachers are being sued by students and their parents. And an increasing number of pharmacists may become the victims of lawsuits claiming malpractice.[4]

One of today's mass mediated words is malpractice. Malpractice suits against physicians were once rare but now legal action has become epidemic.[5] The mountain of litigation is growing so fast that it is difficult to estimate how large the caseload is, according to some authorities. The number of lawsuits in this country topped the seven million mark in 1977 according to some estimates.[6] More than 20,000 malpractice claims charge doctors with negligence or worse, each year. This number is rising steadily.[7] This is a major concern for physicians and an ever growing threat to pharmacists.[8]

The result of this rapid increase in lawsuits produces social and economic repercussions rippling through society, touching virtually every aspect of American life in one way or another, often for the worse.[9] Ironic as it may seem, a major consequence appears to be a further deterioration in the quality of medical care. Higher prices and defensive medicine appear to be the offspring.[10]

What is behind the avalanche of lawsuits? Some scholars trace the phenomenon to the increased mobility of the American people. Many people today, the theory goes, miss the support that close-knit families, churches and neighborhood groups once provided. They believe they are at the mercy of impersonal forces that are beyond their control—big business, big government, rapid economic and social change—and feel entitled to milk 'the system' for all they can get.

"Many of the common everyday risks of four decades ago are no longer acceptable, says William B. Spann, Jr., an Atlanta lawyer and former president of the American Bar Association. The concept of individual responsibility has been seriously eroded. Today, people expect to be protected . . . even from their own gullibility."[11]

Whatever the causes, the effects of the present day increase in the number of malpractice suits cannot be denied. The major effect is to increase the costs of the health industry. The costs of physician's services, of hospital care, of drugs and of the services of the pharmacists are rising at a rapid rate, either to prevent lawsuits or to fight them when they arise. Physicians, pharmacists, nurses, hospitals and manufacturers of hospital and pharmaceutical products spend billions each year on liability insurance policies to ward off the disasterous effects of losing big lawsuits.

Also, the experts contend, the fear of litigation is sapping productivity, creativity and human trust, creating a fear to act or an overcautious attitude that inhibits the free flow of services.[12] To protect themselves, doctors are spending more than one billion dollars a year

(Malpractice, Continued)

on malpractice insurance. Hospitals are paying twice that. The implication for pharmacists is abundantly clear. As more suits are filed against pharmacies and pharmacists, the costs of their malpractice insurance will also rise.

Malpractice may be defined as a deviation from the approved and accepted standards of medical practice for the specialty in question under the circumstances of the particular case, producing an injury.[13] The accepted standards are determined by "ORP", the ordinary reasonable prudent professionals' action if situated with what was the defendant's position.

A malpractice suit is normally a civil suit that involves two private parties. A tort, breach of private, noncontractually created duties, usually results from negligence in these cases.

The plaintiff in the malpractice suit must first prove a prima facie case. This is a meritorious first showing of the elements of a lawsuit. A judge decides if proof of minimum merit for a lawsuit exists. In the prima facie case the plaintiff must prove to the judge that the elements of a malpractice case exist, namely:

(1) Relationship. The existence of the pharmacist patient relationship between him and the defendant as of the time when the injury occurred, from which flow the duties owed by the pharmacist;
(2) Breach of duty by the defendant whether by action or inaction;
(3) The causal relation between that breach and the resulting injury to the plaintiff;
(4) Injury and damages;
(5) Freedom from contributory negligence (if suing in a state which requires this);
(6) Proof of the service of a preliminary notice on the defendant (if required).[14]

After the plaintiff has produced all his witnesses and evidence, the attorney for the defendant normally will ask the judge to dismiss the case. The defendant will maintain some necessary proof is lacking, therefore that the plaintiff has not made a prima facie case. The judge then decides if a trial is in order. Dismissals at the end of the plaintiff's case, at this point, are rare. If the plaintiff's attorney has done his preparation, he will be certain to make at least a prima facie case.

The trial will be before a judge sitting with or without a jury. Either party, the plaintiff or the defendant can demand a trial by jury. The plaintiff will want the facts decided by a panel of fellow patients who can sympathize with his plight. The plaintiff usually realizes that he can never hope to appeal to the emotions of a judge as he can to a lay jury. So most always a jury will decide the case. The jury decides whether or not anyone is guilty of malpractice (liability) and how much the injuries are worth in dollars and cents (damages). The law says that if the plaintiff is to win, the whole effect of his proof should be stronger or greater than the defendant's. The plaintiff has the burden of proof. To win the plaintiff must prove his case by a preponderance of evidence that has the ring of truth about it. His proof should contain two qualities: (1) the elements of the case, usually continuing testimonies from experts; (2) it should produce a reasonable belief in the mind of the jury of its truth and have a more convincing quality

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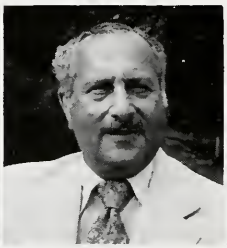
Donald A. Dee, R.Ph., Exec. Sec., Minnesota Pharmaceutical Assoc. Minneapolis, Minnesota

John Spicer, R.Ph. Community Pharmacist Fowler, Michigan

Benjamin F. Cooper, Ph.D., Dean, School of Pharmacy Auburn University, Auburn, Ala.

Don F. Gould, R.Ph., Chairman of the Board, Gould Drug Company Mt. Pleasant, Michigan



Arthur Koorhan, R.Ph., Div. V.P., Pharmacy Operations, Cunningham Drug Stores, Detroit, Michigan

Nelson E. Taylor, R.Ph. Community Pharmacist Nampa, Idaho

Taylor H. Jobe, R.Ph. Community Pharmacist Gladewater, Texas

David Zilz, R.Ph., Dir. Pharmacy and Central Service, University of Wisconsin Hospitals Madison, Wisconsin

Don W. Arthur, R.Ph. Community Pharmacist Buffalo, New York

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(Malpractice, Continued)

than that of the defendant.[15]

A settlement may be agreed upon before a trial. A settlement does not constitute an admission of guilt. The plaintiff discontinues the action against the defendant and releases the defendant from all liability in regard to the alleged malpractice in exchange for money paid to or on behalf of the defendant. The plaintiff usually wants to settle out of court so he can be sure to recover money and avoid the possibility of losing. The defendant may agree because of the risk of a verdict greater than the amount of settlement. The time, effort, expense and publicity may also be reduced.[16]

An unusual exception was the case of Eagen vs Rite Aid Drug Stores in Pennsylvania. The plaintiff agreed to settle for $150,000 and the offer was rejected. The courts ordered the defendant to pay a total of $950,000 in damages. An appeal may still be pending in this case.

The awarding of damages (if any) is within the sound and reasonable discretion of the jury. There is no fixed and certain criteria for measuring the damages for personal injuries suffered by reason of negligence of a pharmacist. The jury's judgment may not be sustained unless the amount awarded as damages is supported by evidence.

The plaintiff is generally entitled to recover for a reasonable amount of pain and suffering, as well as a sum sufficient to reimburse him for reasonable and necessary costs of medicine, medical attendance, and hospital care made necessary by the negligent act. When death results, the damages may include funeral expenses.

Depending on the circumstances, sometimes exemplary or punitive damages may be recovered by the plaintiff. These damages are inflated punishment to the pharmacist. A pharmacist may be liable for punitive damages in cases where it is proved that his omission causing injury constitutes gross negligence or willful misconduct on his part.

Malpractice litigation is said to perform two important functions: (1) to deter pharmacists from lax, careless, or negligent behavior, (2) to compensate patients as a consequence of the negligence.[17]

A recent interview with G. E. Small, III, Esq. of White, Hall, Mullen *et al.,* revealed little actual experience with malpractice cases. Attorney Small referred this author to a number of cases argued and determined in higher courts of North Carolina.

Very few insurance companies offer malpractice insurance. Only a small number of underwriters are willing to take the substantial risks involved in malpractice. St. Paul Fire and Marine is one of the major underwriters in the state of North Carolina. Another is a mutual insurance firm recently organized in North Carolina by physicians attempting to combat the high costs of malpractice insurance.

A discussion with Mrs. Roger D. Evans, General Manager of J. Q. Hart Insurance Company, Inc., suggested that tight market conditions exist for medical malpractice insurance due to the unprofitability of business. Mrs. Evans suggested this factor as one reason for the formation of the mutual company by N. C. physicians.

The cost for malpractice insurance for pharmacy in North Carolina at this time is low. There are numerous reasons for the current inexpensive price. Because of strict liability drug manufacturers are often singled out in court cases. The pharmacist's low comparative salary makes him a more undesirable and limited source of compensation as opposed to doctors and manufacturers. Also the pharmacist's limited role in past years tended to decrease the liability factor probability.

At this time a Patient Package Insert (PPI) handed to the patient, without verbal contact from the pharmacist, meets the FDA requirement for giving out information. According to David Work, Secretary to the North Carolina Board of Pharmacy, this makes little sense when studies of education show 20% of the American public is functionally illiterate. Of the 80% remaining a majority would throw the PPI away. Of the ones that keep it, few will read it. Many patients reading the PPI cannot understand it. Just as many patients that understand the PPI will become alarmed by the number of possible adverse effects. Many patients may even refuse needed medication because of this.[18]

The National Association of Boards of Pharmacy has taken the position that providing the patient with information about the drugs being dispensed is a part of the proper practice of pharmacy. As a result pharmacy is becoming increasingly patient oriented. But

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(Malpractice, Continued)

pharmacists are now faced with a double edge razor. As it turns out, providing information to the patient could incur liability; failure to provide information can also incur liability. So pharmacists will now be more susceptible in lawsuits. An increase in lawsuits will raise the price of malpractice insurance.

There have been no malpractice cases brought before the North Carolina Board of Pharmacy in over three years. The matter of whether or not a pharmacist is responsible for negligence is not necessarily a determinant for bringing that person before the Board of Pharmacy for a hearing. Pharmacists are brought before the Board only for grounds included in *Pharmacy Laws of North Carolina,* N. C. General Statutes 90-65 a,b,c and most commonly 90-65 a, paragraph 7 and 8. Some states have statutory requirements, that out of court settlements or judgments must be reported to the licensing board. This is not the case in North Carolina.[19]

The pharmacist's best protection from civil liabilities resulting from assumption of the increased obligation is knowledge. The pharmacist should continue his education in areas vital to specific obligations which he assumes in practice. He must develop a sufficient number of management systems to properly control personnel operating under his individual or joint areas of responsibility. In addition, he should carefully document all activities that he performs pursuant to his responsibilities. If sufficient thought and creativity are applied in assessing all risks inherent in providing pharmaceutical services, the likelihood of a successful malpractice suit is greatly reduced.

B. B. Brody, a pharmacist and lawyer, suggests twelve tips that should minimize liability exposure. They are as follows:

(1) Whether OTC or Rx one must not promise or guarantee any specific outcome.
(2) If possible the pharmacists should meet the patient and read the Rx label and cautions to him personally.
(3) Preserve patient confidence; don't ignore the patient; ask the patient about his health.
(4) If the law mandates, make sure the patient is provided with package insert.
(5) If asked to recommend a physician, name more than one, and let the patient take his choice.
(6) Keep a patient profile and try to know all the medicines the patient is taking and his possible allergies.
(7) Mark the Rx with the specific item dispensed; mark down all details of a generic equivalent and any conversions.
(8) Do not undertake representation or recommendations in matters beyond your experience or ability without at least getting expert advice.
(9) Do not criticize another without being fully apprised of all the material facts involved.
(10) Never reveal that you carry professional liability insurance.
(11) Never defend your own professional liability claim.
(12) If there is a money settlement, it is a good idea to provide a covenant stating that the settlement is not to be construed as an admission of guilt.[20]

As licensed professionals, pharmacists are obligated to practice in a non-negligent manner, with prudence and a high degree of care. Prudence and a high degree of care are now determined on a nation-wide basis.[21] It has been demonstrated in malpractice suits that conforming to the same standards of practice adhered to by colleagues in the same locale is no longer adequate.

Today's pharmacists have acquired intangible duties. A great deal of comprehensive education, training, and experience are required. It is now becoming vital that the pharmacist develop patient histories. He should monitor these through a patient profile, recognizing possible drug interactions or allergies. It is now extremely important for the pharmacist to alert and advise the physician, in addition to the patient, on any kind of injury that may possibly occur from use of the medications. The result of the increased responsibilities of the pharmacist will be improved patient care, but it must be remembered that a substantially increased liability factor will accompany it. "Education judgments by a pharmacist for an individual in need of health service is the very definition of professionalism. Our potential for being sued for damages resulting from a breach of our duty is the price we must pay. It validates our worth."[22]

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EDITORIALS

(From the North Carolina Medical Journal, May 1978)

POTASSIUM ISN'T ALWAYS GOOD FOR YOU

We as physicians sometimes assume that patients follow our instructions explicitly, yet we might have trouble understanding our own instructions if we were not already familiar with our own occupational language. To aggravate the confusion some pharmacists have suggested that it should be their responsibility to discuss drugs prescribed with their customers, relieving physicians of that obligation. The pharmacist could enlighten the patient as to drug interactions, side effects, timing of dose, metabolism and the like so that the doctor could better spend his time in history-taking, psychotherapeutic adventures and continuing medical education at home and abroad. There is a sincere ring about this notion pharmacists have a vast store of thwarted data yearning for application, the doctor's mental receptors seem all too often oversaturated with facts and we are inclined to behold with rising awe and appreciation the additions of new positions on what some call the healing team.

Before we yield to such noble impulses, which we are assured would improve patient compliance, let us look to potassium, the rather mysterious cation which secretes itself within the cell for the most part and signifies its liberation from a burning log with a glowing red flame. Since the introduction of oral diuretics, potassium has held the stage and we have learned much of its depletion and repletion in the body, of U waves and peaked T waves, of cation exchange resins and about flame photometry. Because we do tinker with our patient's potassium so much, its concentration in the serum has gradually come to indicate all sorts of potential problems attested by the estimate that between 20 and 30 billion milliequivalents of potassium are prescribed annually, usually in association with diuretics.[1] Despite these impressive numbers, it still hasn't been established that diuretics really deplete body potassium stores to a significant extent. Measurements of total body K by whole body counting ($TB^{40}K$) or isotope dilution (K_r) have not confirmed earlier suspicions that hypokalemia always reflects body deficit while it has been shown that erythrocyte K correlates poorly with K_r.[2] Muscle K as might be expected does parallel K_r more closely but muscle biopsy for chemical analysis is hardly a feasible bedside and routine laboratory procedure.

It has become customary to tell patients to drink orange juice or eat bananas to correct the postulated potassium deficit attending diuretic use and some pharmacists in North Carolina have gone so far as to add another label, as an imperative, to the prescription bottle which directs the patient to drink or eat his or her way to normokalemia with orange juice or bananas. Yet such a gustatory quest can be costly both financially and physically. The pharmacist who offers such advice usually doesn't know the patient's hepatic or renal status, may not be aware of other medications being given and probably doesn't ask his customer what diet has been advised. If a daily potassium supplement of 50 mEq were necessary, one liter of orange juice or four to six bananas would be required; about 450 calories would be provided by the former and from 400 to 600 by the latter supplement. And it would cost from $15 to $25 a month at the grocery compared to $8 to $16 at the drug store for the monthly potassium ration.[1]

These observations apply mostly to patients being treated for hypertension. If diuretics are being given to those with congestive heart failure, potassium supplementation, specified by the physician, or the addition of K-sparing diuretics is often in order as it is for cirrhotic subjects whose total body potassium is low and whose renal ammonia production increases as potassium is lost. Sometimes, of course, large doses of loop diuretics may be required in the treatment of patients with renal disease whose lives might actually be threatened[3] if they followed the pharmaceutical imperative and drank orange juice or ate bananas.

When potassium is needed it should almost always be given as the chloride salt because diuretics, except for acetazolamide, now rarely indicated, increase urinary chloride excretion. Both anion and cation deficits excist in the setting of metabolic alkalosis. Only when hyperchloridemia and hypokalemia coexist, as with such rarities as the renal tubular acidoses, should potassium carbonate, acetate, citrate or gluconate be given.

J.H.F.

TEST YOUR KNOWLEDGE

Some typical questions from the Academic Externship Program exams.

David D. Claytor, Assistant Director, University of North Carolina, School of Pharmacy, AHEC Program

I. Children are not given measles, mumps and rubella vaccines before 15 months of age. This is so because:
   (1) The younger child has a greater chance of contracting the disease.
   (2) Antibodies acquired from the mother may prevent the active development of immunity before that age.
   (3) Shock, convulsions and encephalopathy may develop in younger children.
   (4) Nursing infants may pass the virus from the vaccine to the mother.

II. Microorganisms residing in the intestine of people produce:
   (1) Vitamin B_2
   (2) Vitamin B_{12}
   (3) Vitamin K
   (4) Vitamin E

III. If a patient asks you to determine whether his bottle of nitroglycerin is still potent, what action would be appropriate to determine the potency?
   (1) Check the expiration date.
   (2) Have the patient taste a tablet to see if it still produces a stinging effect.
   (3) Examine tablets to see if they have disintegrated.
   (4) Ask patient if drug was kept in the original container and not subject to excessive heat.

IV. Calcium Gluconate 10% is available in a 10 ml. ampul. How many miliequivalents of Ca^{2+} does it contain? (Molecular weight: $(C_6H_{11}O_7)_x\ Ca \cdot H_xO = 448$)
   (1) 2.2 mEq.
   (2) 4.5 mEq.
   (3) 9.6 mEq.
   (4) 22.4 mEq.
   (5) 44.8 mEq.

V. The Food, Drug and Cosmetic Act is administered in North Carolina by:
   (1) The North Carolina Drug Commission
   (2) The North Carolina Board of Pharmacy
   (3) The North Carolina Department of Agriculture
   (4) The State Bureau of Investigation
   (5) All of the above

(Answers on Page 17)

DEA NOTICE

Pentazocine becomes a Schedule IV item effective February 9, Drug Enforcement Administration advises in the January 10 Federal Register.

HICKORY PHARMACIST COMPETES FOR WHITE HOUSE FELLOWSHIP

John Michael Robinson, pharmacist at Glenn R. Frye Memorial Hospital, Hickory, has been selected to compete for one of 20 White House Fellowships to be awarded in 1979.

The White House Fellowship is a highly competitive opportunity to participate in and learn about the federal government from a unique perspective. For one year, the people who are chosen as White House Fellows are full-time employees of the government, working in a Cabinet-level agency, in the executive office of the President, or with the Vice-President.

Mr. Robinson is president of the Catawba County Heart Association and a fellow of the American College of Apothecaries. A 1978 candidate for a seat in the North Carolina House of Representatives, at 24, he is the youngest Fellowship competitor since 1965. Final selection and announcement of the 1979-80 White House Fellows is scheduled for May 21.

A Typical Day of A North Carolina Pharmacist

(From the Oregon Pharmacist, Author—Gary McGraw)

Lady hands pharmacist a prescription.
Pharmacist fills prescription.
Pharmacist gives lady prescription and requests payment.
Lady tells pharmacist to charge welfare.
Pharmacist asks lady for her medicaid card.
Lady does not have card yet (8th of month).
Pharmacist rips open sack and corrects charge register.
Pharmacist put medicine back in stock bottle because he must use generic drug.
Pharmacist looks in welfare book for generic and check cost basis for reimbursement.
Pharmacist finds manufacture code for generic substitute.
Pharmacist goes to another section of book to find name of drug company.
Pharmacist finds name of company but never heard of it.
Pharmacist goes to microfiche to look up cost of generic. Wholesaler doesn't carry that brand.
Pharmacist goes to red book. Brand not listed. Must be under "various companies."
Pharmacist has no idea what cost will be based on.
Pharmacist swears.
Pharmacist starts over filling prescription second time. (Hopes he doesn't use too good a drug and lose money).
Pharmacist types new label with generic name instead of brand name.
Pharmacist tries to get label off first vial.
Pharmacist throws vial in garbage. Label won't come off.
Pharmacist finishes filling prescription second time with new vial and label.
Pharmacist calls welfare office to see if patient covered. Line is busy.
Pharmacist gets through to welfare office on fourth attempt. Medical clerk out for coffee break.
Pharmacist gets through to welfare office 30 minutes later after another three attempts. Pharmacist gets 14 letters and numbers for billing welfare.
Pharmacist writes 14 assorted numbers and letters on back of prescription.
Pharmacist smiles and hands lady prescription and says, "Please come again."
Pharmacist receives phone call from doctor next day asking, "What the . . . did you give my patient? I ordered . . . and you gave her something called. . . ."
Pharmacist explains he must use cheap generic because welfare will not pay for brand he prescribed.
Doctor swears and hangs up.
Pharmacist receives phone call from lady asking, "What the . . . did you put in my prescription. The doctor ordered . . . and you gave me . . ., I can't pronounce it."
Pharmacist explains he must use cheap generic because welfare will not pay for brand doctor prescribed.
Lady swears and hangs up.
Pharmacist fills out welfare claim for payment.

1. Name of patient
2. Address of patient
3. Patient case number
4. Person letter of patient
5. Store name
6. Store address
7. Date prescription filled
8. Person letter of patient (2nd time requested)
9. Generic drug used
10. Prescription number
11. Fee code (Had to stop and look up)
12. Price billed
13. Doctor's name (complete name and title)
14. Pharmacist signature
15. Drug store number
16. Date.

Pharmacist mails form to welfare office in Raleigh.
Fifty four days after filling prescription pharmacist receives reimbursement of drug cost plus $2.50.
Pharmacist swears.
Pharmacist knows it doesn't cost any more to fill welfare prescription than it does his regular cash customers.
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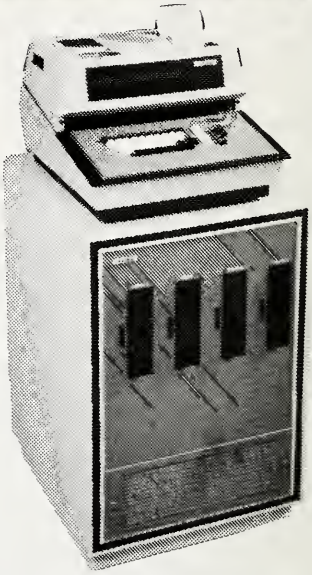

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N. C. SOCIETY OF HOSPITAL PHARMACISTS OFFICERS

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GEORGE COMPLETES E.M.T. TRAINING

Prentiss L. George, Jr., Shelby, has completed the course of training at the Cleveland County Technical Institute and is certified by the N. C. Office of Emergency Medical Services as a Certified Emergency Medical Technician.

This training requires one hundred and twenty hours of classroom instruction and an equal number of home study hours. Mr. George and Lloyd Senter of Carrboro are the only two pharmacists in the state known to be Certified E.M.T.'s.

STOLEN RX BLANKS

Dr. Alexander Chairamonti has reported that a pad of blank prescriptions has been stolen from his office. Dr. Chairamonti, a dermatologist, is on the staff of Duke Medical Center in Durham.

N. C. PHARMACISTS NAMED TO NARD COMMITTEES

Kenneth G. Mehrle, President of the National Association of Retail Druggists, has named the following North Carolina pharmacists to standing committees of the organization: Jesse M. Pike, Concord, Coordinator of the Committee on Professional and Retail Management, the Committee on Merchandising and the Committee on Health Supports and Appliances; George Edmonds, Greensboro, Committee on National Legislation; John Henley, Hope Mills, Committee on Government Affairs; Banks Kerr, Raleigh, Committee on Professional and Retail Management; John A. Mitchener, Jr., Edenton, Committee on Merchandising; William Wilson, Raleigh, Committee on Third-Party Insurance; Ernest Rabil, Winston-Salem, Vice Chairman, Nursing Home Committee; Herman Lynch, Dunn, Presidents' Advisory Committee; and Jesse Pike, Budget and Finance Committee.

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Dottie Irene Carraway, Newport
James Arthur Carrier, Marion
Andrea Gale Carver, Roxboro
Teri Ann Chipman, Winston-Salem
Jeffrey Perry Coleson, Mt. Airy
David Kevin Disher, Winston-Salem
Susan Alice Eurey, Lincolnton
James Allen Fisher, Salisbury
Mary Blythe Forrest, Hillsborough
Julian Ann Hamel, Wilmington
Beverly Dawn Hester, Durham,
Joan Wesley Johnson, Weaverville
Carrilea McCauley Joy, Cary
Eva Elizabeth Lytle, Old Fort
Carol Lynn Maple, Mena, Arkansas
Rebecca Frances McCallum, Williamston
Karen Lynn McClure, Gastonia
Janice McPhail Moon, Chapel Hill
Susan Dawn Plyler, Albemarle
Anna Marie Purvis, Robbins
Alfred Ray Rogers, Graham
Susan Elaine Schenck, Chapel Hill
Leon Jackson Smith, III, Greensboro
Jacquelin A. Touloupas, Burlington
Nancy Elaine S. Woods, Durham

Answers

I. (2) All of these vaccines are recommended in children over 1 year of age. The immune response to the vaccine if given sooner might be affected by maternal neutralizing antibodies.

II. (3) Vitamin K

III. (2) "Active tablets should produce a distinct burning sensation when placed under the tongue." Goodman & Gilman 5th Edicion P. 733.

IV. (2) 1 meg of Ca^{++} = 448/2 = .224 Gms. or 224 mg.

10% of 10 Gms = 1 Gm or 1000 mg.

$$\frac{1000 \text{ mg}}{224 \text{ mg}} = 4.45 \text{ meq}$$

V. (3) G.S. 106-139 Regulations by Board of Agriculture. 1978 Pharmaccy Laws of North Carolina, p. 166.

ASPIRIN CUTS INCIDENCE OF STROKE IN MEN WITH THREATENED STROKE

A five-year clinical study of 585 patients with threatened stroke has revealed that aspirin, alone or in combination with sulfinpyrazone (Anturane), is effective in reducing occurrences of stroke among men. The test was conducted by a team of Canadian medical experts who felt that previous anticoagulant and surgical approaches had not been successful in preventing strokes.

The research team also found that sulfinpyrazone alone was no more effective than placebo in reducing stroke incidence. This conclusion contrasts sharply with that reached earlier this year by the Anturane Reinfarction Trial Research Group, which found that sulfinpyrazone reduced the likelihood of cardiac death in heart disease patients during the year following a heart attack.

The Canadian investigators observed a 48 percent risk reduction for fatal and nonfatal strokes among men. No such trend was observed for women. The greatest response to stroke-preventive aspirin therapy was seen among men who had not had a previous heart attack, and the presence of diabetes did not reduce the benefit of the aspirin.

The patients in the study were selected on the basis of recurrent transient ischemic attacks and most had undergone cerebral angiography to verify the nature of their cerebrovascular disease. During the study, they received, four times daily, either aspirin (325 mg, 5 gr) and placebo, sulfinpyrazone (200 mg) and placebo, both active drugs or only placebo.

The Canadian Cooperative Study Group, The New England Journal of Medicine, July 13, 1978.

NCPhA MEMBERSHIP DUES

Have you sent in your 1979 NCPhA dues? If not, won't you take a mpnute to write your check and mail it in today. This will save the cost of repeated billings and enable the Association to spend its funds on member services. Ask a fellow pharmacist to join the NCPhA. You both will benefit.

PHARMACEUTICAL TRENDS

Editors: Bryon A. Barnes, Ph.D. and Leonard L. Naeger, Ph.D., St. Louis College of Pharmacy

Anticonvulsant Activity of Valproic Acid

Valproic acid (Depakene) is a newly introduced anticonvulsant agent. While it is useful in several types of seizures, it has been most effective in patients with typical absence seizures (petit mal). It has also been used in grand mal epilepsy where other drugs were only partially effective. In some cases, the other antiepileptic could be stopped or given at a reduced dosage level. Adverse reactions may appear in some 20% of patients on valproic acid. The most common effects were nausea and vomiting, but other GI and CNS effects have been reported. The drug must be used with caution in patients receiving drugs that affect coagulation. Valproic acid may enhance depression of the CNS when given with phenobarbital or alcohol. *J AM MED A,* Vol. 240, p2190, 1978.

Burns and Drug Half-Lives

Patients who had experienced burns were given tobramycin (Nebcin) to help control infections. It was noted that these patients had an increase in glomerular filtration rate as determined by creatinine clearance rates. It has been suggested that plasma levels of drugs excreted primarily by the kidney be more closely monitored in patients with burn injuries because of the likelihood of therapeutic failures. *N ENG J MED,* Vol 299, #17, p915, 1978.

Mechanism of Chlorothiazide-Induced Hyperglycemia

The thiazide diuretics have been found to produce intolerance to glucose in patients who use the drugs for prolonged periods of time. Studies completed in animals indicate that the primary cause of chlorothiazide (Diuril) induced carbohydrate intolerance is the cyclic AMP mediated stimulation of glycogenolysis in the liver and the inhibition of glycogenesis. In addition, insulin secretion seems to be somewhat inhibited but this is a secondary factor in producing hyperglycemia. *J PHARM EXP,* Vol. 26, #2, p423, 1978.

Topical Antibiotic Therapy

Topically applied antibiotics may produce sensitization of the skin and thus may make the dermatological problem for which it is being used become more severe. In addition, if antibiotic therapy had previously been used systemically, use of the same antibiotic topically may be ineffective because of the development of resistant bacterial strains. Some physicians have suggested that topical therapy be limited to agents not used systemically in order to prevent complications which may arise due to emergence of resistant organisms. They suggest that compounds such as hexachlorophene iodophores, bacitracin, etc. be used in the place of the systemically administered antibiotics when topical therapy is indicated. *BR MED J,* Vol. 2, #6138, p649, 1978.

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Bacterial Stickiness

Information has accumulated which indicates that certain bacteria have the ability to stick to certain tissues of the body. The affinity of the Streptococcus to heart valves has been studied. Data obtained from this experiment show that streptococci which secrete glucan have a higher affinity for damaged heart valves than do those that do not secrete glucan. Glucan is not the only factor involved in producing bacterial affinity for damaged tissue because non-glucan producing bacteria also have some affinity for the damaged tissue. *J CLIN INV,* Vol. 162, #4, p805, 1978.

Heartburn of Pregnancy

The heartburn experienced by pregnant women is a commonplace occurrence (70 percent of pregnant women experience it), but its cause is not always excessive acid secretion. In fact, in a significant portion of the cases one finds the problem to be due to bile regurgitation and thus excessive alkali may be the source of the pain. Patients with this problem ingest an acid-containing mixture (dilute hydrochloric acid) for one week. If the heartburn continues, they are given the antacid mixture which contains sodium bicarbonate. Using this approach, 98% of the patients in this study remained symptom free. *BR MED J,* Vol. 2, #6142, p919, 1978.

Marijuana

Fourteen healthy males smoked marijuana cigarettes while cardiovascular parameters were measured. Smoking marijuana seems to produce tachycardia and other adrenergic responses. The origin of this response is thought to be due to excessive adrenergic discharge from the central nervous system. Catecholamine levels in the plasma and urine were increased after the marijuana was smoked. Investigators feel that marijuana smoking might be especially hazardous to patients with cardiovascular abnormalities. *ANN INT MED,* Vol. 89, p448, 1978.

Clay Eating

Geophagia, or dirt eating, is commonly seen in underdeveloped countries, in areas inhibited by the poor, and during pregnancy. It is estimated that in various portions of the United States from 27% to 75% of the pregnant women and 17% of white and 27% of black children eat dirt. Another term for this is pica. Eating clay or dirt may help depress hunger, decrease gastrointestinal irritation and/or supply minerals not normally found in the diet of these individuals. Some physicians feel it is not all bad. *LANCET,* Vol. II, #8090, p614, 1978.

Vitamin E

Infants with respiratory distress syndrome were given vitamin E to determine if the vitamin was capable of preventing damage to the lung caused by the administration of oxygen during the attacks. The experimental results obtained suggest that we can protect against oxygen damage to the membraneous surfaces of the lungs of infants by using vitamin E intramuscularly during the acute phase of the illness. *N ENG J. MED,* Vol. 299, #11, p 564, 1978.

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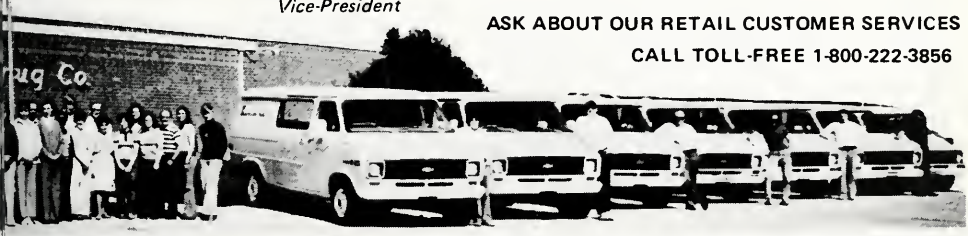

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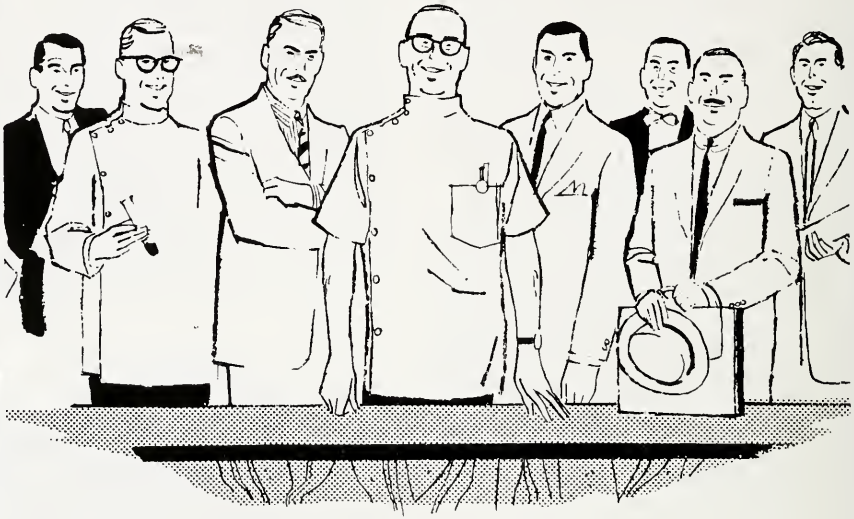

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LLOYD HONORED IN HILLSBOROUGH

Allen A. Lloyd, Hillsborough pharmacist, was named Merchant of the Year by the Hillsborough Merchants Association and Chamber of Commerce at the annual meeting, November 21, 1978. Mr. Lloyd was also unanimously elected Mayor Pro Tem of Hillsborough by the Board of Commissioners January 9, 1979.

Associated with James Pharmacy since 1937, Mr. Lloyd is a 1940 graduate of the UNC School of Pharmacy and has been a member of the NCPhA since 1949. He is the father of Evelyn P. Lloyd, also a pharmacist, with whom he works at James Pharmacy.

DROP IN BLOOD POTASSIUM TIED TO DELIRIUM TREMENS

A Swedish study has revealed that a lowering of blood potassium levels precedes delirium tremens in alcoholics undergoing detoxification. Among 37 hospitalized alcoholic patients between ages 50 and 66, delirium tremens developed in 26. In all these patients, the blood potassium level was observed to drop sharply until delirium tremens developed and return rapidly to normal when the attack ended. The 11 patients who did not develop delirium tremens showed no change in blood potassium levels.

All patients in the study were admitted to the hospital after a bout of heavy drinking. None were suffering from malnutrition, diabetes, cirrhosis of the liver or severe gastrointestinal disturbance upon admission and all were given a diet of water, mineral water, fruit juice and normal food during the study. All of the patients exhibited low but normal blood potassium levels at the beginning of the study, and urine potassium levels remained unchanged in those delirium tremens patients tested.

The change in blood potassium, say the investigators, was not associated with any other change in blood chemistry or acid-base balance. Moreover, they note, low blood potassium level is not a consequence of alcoholic alkalosis. One hypothesis put forth is that for reasons not fully understood there is a rapid redistribution of potassium within the body with a sudden intracellular potassium uptake immediately prior to the onset of delirium tremens.

J. Wadstein and G. Skude, University of Lund, Malmö General Hospital, Malmö, Sweden, The Lancet, September 9, 1978.

GASOLINE SNIFFING SEEN TO CAUSE LEAD POISONING AND NEUROLOGIC DAMAGE

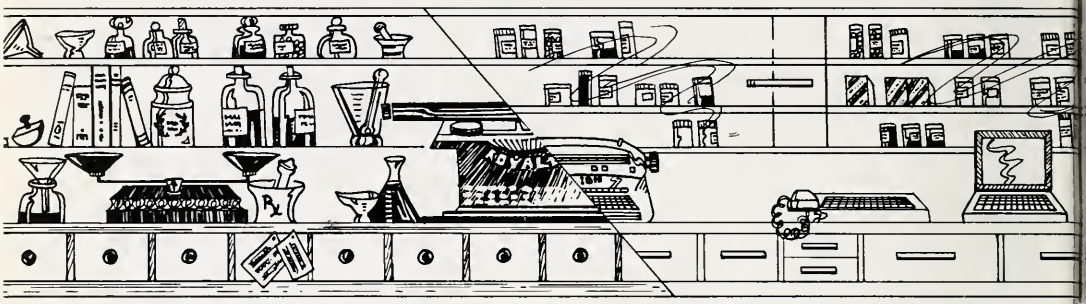
Gasoline sniffing, which to some is a means to an easy "high," is a double-edged sword. Not only is the gasoline vapor toxic, but the tetraethyl lead (TEL) it contains causes lead poisoning. Moreover, the lead toxicity arises both from the TEL itself and the accumulation of inorganic lead obtained by breakdown of TEL within the body. Both lead and TEL result in degenerative damage to the brain and nervous system.

Symptoms of TEL poisoning appear about one week after exposure to the substance. Insomnia, nausea, vomiting and diarrhea are the initial signs, but they give way to increasing irritability, restlessness and anxiety. These may be masked by the symptoms of gasoline intoxication, however, until the accumulation of poison in the body becomes large. One recent report cites the case of a 14-year-old boy who, after sniffing gasoline several hours daily for several hours, developed severe neurological disease and died of extensive brain, liver and kidney damage.

The few previous reports of gasoline intoxication and TEL poisoning have been restricted to workers engaged in cleaning gasoline storage tanks. However, says one physician, "considering the universal availability of leaded gasoline, its low cost, the relatively small amount of vapor required to produce intoxication and our drug-oriented society, it is surprising that so few cases of gasoline sniffing with resultant lead poisoning have been reported."

R. O. Robinson, Department of Neurology, University of Kentucky Medical Center, Lexington, Journal of the American Medical Association, September 22, 1978.

TIME TO MODERNIZE?



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ILLEGAL ACTS

SHELBY

Two men robbed the Revco Drug Store just west of Shelby, Tuesday night, November 28, and escaped with about $100 and a quantity of schedule II drugs.

Police said the men entered the store about 9 p.m., tied up two employees with tape and escaped in an automobile. One of the bandits was armed with a handgun.

AHOSKIE

A lone gunman held up Boone's Pharmacy Tuesday, December 5, and left with $638. A man wearing a red ski mask walked into the pharmacy and handed pharmacist Oliver Fleming a paper bag and told him to fill it up with money. The bandit was armed with a small handgun and ordered a customer and her child into the office of the pharmacy. No one was injured during the holdup.

SALISBURY

Approximately $170.00 in prescription drugs have been reported shoplifted from the Main Street Drug Store. The missing drugs, Darvon and Valium, were stolen November 12, according to police.

PITTSBORO

McCrimmon Drug Store was the scene of an attempted break-in November 21, but the store's burglar alarm apparently frightened off the thieves. An ax used to chop a hole in the roof and other burglary tools were left. Nothing was taken from the store.

SALISBURY

Revco Drug Store was the scene of an armed robbery Wednesday, November 22. Wearing a ski mask, the robber entered the pharmacy department, pointed a gun at pharmacist Max Reece, Jr., and demanded various drugs. After obtaining a small quantity of drugs and about $200.00 from the cash register, he fled on foot.

ASHEVILLE

A West Asheville pharmacist was robbed and abducted from his pharmacy, but was released unharmed near Morganton.

NAGS HEAD

Nags Head police are investigating a break-in and larceny at Millers Pharmacy which occurred early Friday morning, January 5. The side door of the pharmacy was broken open and several bottles of drugs were reported stolen. No value was placed on the missing drugs.

NORTH WILKESBORO

Blue Ridge Pharmacy was entered by thieves Tuesday night, December 26, by forcing open a door. Apparently little was taken, but police found five watches dropped outside the door as the thieves fled.

CAMP LEJUNE

Two armed men wearing ski masks entered the Camp Lejune Naval Hospital pharmacy Thursday, December 21, tied up two pharmacists with electrical extension cords and locked them in the narcotic safe. One of the pharmacists managed to escape from the safe and sound the alarm. Neither of the pharmacists were injured. The thieves got away with Demerol and Cocaine valued at $165.00 by the pharmacy, but with a street value approaching one million dollars. Five enlisted men were later arrested and a sixth man is being sought by authorities. One of those arrested was a pharmacy technician on duty when the robbery took place.

GASTONIA

A man wearing a ski mask robbed the Caldwell Drug Store and threatened to kill the store owner with a pistol, Friday, December 8. The thief got away with money, some drugs, but not the narcotics he was seeking.

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SANFORD SANTA COMES ALIVE

For nearly a decade the Santa Claus mannequin has stood at the same spot by the door of Lee Drug Store in Sanford during the Christmas season. Immobile, unanswering, except for a recorded Ho, Ho, Ho, when pushed in the stomach, just another reminder of the holiday season, the figure was familiar to all who had passed by the store.

This year, the Santa took on human characteristics. Joe Lazarus, pharmacy owner, convinced his 14 year old son, Jeff, to get inside the suit and liven up Santa Claus. When Sanford police officer J. T. Kirkman poked the button marked "Push Here for Happiness," instead of "Ho, Ho, Ho," the figure gave the officer a big hug. "I thought I had died," the officer said later, "It scared the crazy out of me." One woman had made it a custom to hug the dummy Santa each Christmas. When she hugged it this year, Santa hugged back and she backed away muttering, "Oh, my goodness."

"The reaction has been tremendous," Lazarus said. "Something the people thought was unreal is suddenly real. It makes them laugh and it seems to bring out the real spirit of Christmas."

SUCCESSFUL WEIGHT REDUCTION ACHIEVED BY DETERMINATION RATHER THAN STRATEGY

A study of 64 individuals who lost 20 pounds or more and maintained their weight loss for more than a year has revealed that direct modification of food intake through personal determination leads to more successful weight loss programs than psychological reinforcement techniques and substitution of other activities for mealtimes. Successful weight losers maintain their weight, according to researchers, by carefully watching the scales, eating fewer snacks and improving the nutritional quality of their food.

The change in eating habits among successful dieters was abrupt rather than gradual, as was the observed weight loss. Initial weight loss averaged 50 pounds during the first nine months of dieting. Frequent weighing was the tactic of 75 percent of the subjects and less than 25 percent kept food diaries, fasted or avoided social occasions involving food.

The study group consisted of 42 men and 22 women between the ages of 18 and 93 who were, on average, 43 percent overweight. A specific event that triggered the decision to lose weight was cited by 75 percent of the subjects. Such events included public embarrassment, doctor's advice or hospitalization. Over half made public commitments that they would lose weight and over half felt concern over their appearance was the main reason for their losing weight.

R. R. Wing, Department of Psychiatry, University of Pittsburgh, and R. W. Jeffery, Stanford Heart Disease Prevention Program, Palo Alto, Obesity and Bariatric Medicine, September-October 1978.

MYASTHENIA GRAVIS SEEN AS A SIDE EFFECT OF PENICILLAMINE THERAPY IN RHEUMATOID ARTHRITIS

Penicillamine, long a standard drug for removal of heavy metals such as copper and mercury from the body, is now most commonly used in the treatment of rheumatoid arthritis, which afflicts over five million people in the United States alone. As its use in chronic diseases has become widespread, however, physicians have observed that among its side effects are a number of autoimmune disorders, including drug-induced myasthenia gravis.

A pair of researchers at The Salk Institute of Biological Studies in San Diego has now shown that this drug-induced disorder not only resembles myasthenia gravis clinically, but produces the same characteristic antibodies in the blood as well. Such antibodies biochemically identify the disorder as myasthenia gravis.

The researchers observed that a woman who had developed rheumatoid arthritis during adolescence and who had received a first course of penicillamine therapy at age 28 began to exhibit the symptoms of myasthenia gravis one month after a second course of therapy was begun at age 34. At this point, antibodies to acetylcholine receptor characteristic of myasthenia gravis were found in her blood. Penicillamine was discontinued and treatment of the myasthenia gravis with pyridostigmine begun. Her neurological symptoms disappeared. After seven months of treatment, the pyridostigmine was discontinued and the neurological symptoms did not return.

A. S. Russell and J. M. Lindstrom, The Salk Institute of Biological Studies, San Diego, Neurology, August 1978.

MORE DRUGS PROPOSED FOR MAC LIMITS

HEW's Pharmaceutical Reimbursement Board announced that it is considering setting Maximum Allowable Cost (MAC) limits on a number of multisource drugs and has asked FDA to review them. In a new procedure (used only once before), PRB published the names of these candidates in the Federal Register even before a proposed price limit had been set, in an effort to get public comments from the very beginning, Peter Rodler, PRB Executive Secretary, says. Here are the latest drugs on which PRB would set limits:

- Papaverine, 1501 mg T.R. capsules
- Amitriptyline, 10, 25 and 50 mg tablets
- Isosorbide dinitrate, 5 and 10 mg tablets, 5 mg sublingual tablets and 40 mg T.R. tablets
- Diphenoxylate w/atropine sulfate, 2.5 mg/0.25 mg tablets
- Hydralazine, 10, 25 and 50 mg tablets
- Doxycycline, 50 and 10 mg tablets
- Erythromycin ethylsuccinate, 200 and 400 mg/5 cc oral liquid
- Chlorpromazine, 25, 50 and 100 mg tablets
- Methocarbamol, 500 and 750 mg tablets
- Minocycline, 50 and 100 mg capsules
- Hydrocortisone, 0.5% and 1.0% cream
- Sulfasoxazole, 0.5 Gm tablets
- Oxyphenbutazone, 100 mg tablets
- Tetracycline HCl, 125 mg syrup
- Doxepin HCl, 100 mg capsules

T. RAY TAYLOR NAMED MANAGER, MEDICAL SCIENCES LIAISON AT SANDOZ PHARMACEUTICALS

T. Ray Taylor has been promoted to manager, medical sciences liaison, by Sandoz Pharmaceuticals, East Hanover, New Jersey.

Mr. Taylor, who joined Sandoz in 1963, has served as sales and technical representative and regional manager in Richmond, Virginia, and Charlotte, North Carolina, and most recently as a project manager in East Hanover.

Born and reared in Dunn, North Carolina, he earned has B.S. degree at East Carolina University. Mr. Taylor, his wife and three children are in the process of relocating to New Jersey from Charlotte.

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Carolyn Clayton, Editor

ScRipt

DEAN'S MESSAGE

As the new year dawns and the time shortens until the year 2000 many of us will realize how precious time is and how little is accomplished just through the passage of time. I use the year 2000 as a reference point because even now there are individuals who view this year as a time that is so far off in the future that it is light years ahead—not true.

If we wish to make progress we must work toward it diligently—concepts and philosophies must be tested and evaluated. The mere passage of time accomplishes nothing but to maintain the status quo, and in this day of advancing knowledge and technology it is, in reality, a road to antiquity.

The personal evaluation of my first two years as Dean brings forth a mixture of feelings of pleasures and frustrations. Within the framework outside of things which can be accomplished without significant infusion of funds, we have made some progress, but much needs to be done. Major efforts will be made to bring increasingly better understanding among divisions, faculty members, students, and practitioners so that our relationship will be more than just symbiotic. The important objective is the School and its programs—and, above all, the profession. Although individuals are highly important, in the long range it is how they interact for the forward thrust of pharmacy that is of highest priority.

As we begin the last year of the seventies and approach the centennial year of organized pharmacy in North Carolina, I wish you all the best and hope that every one of you will make a commitment, a *personal* commitment, to your profession.

UPCOMING SOCIO-ECONOMIC SEMINAR

The 14th Annual Seminar on Socio-Economic Aspects of Pharmacy Practice is planned for February 21, 1979 at the Institute of Pharmacy, 109 Church Street in Chapel Hill. The program, which is approved for five hours of continuing education credit, is co-sponsored by the UNC School of Pharmacy and The North Carolina Pharmaceutical Association.

Topics to be presented in the morning session will be—The future of health care in North Carolina, the Task Force Report on Health Planning and Pharmacy Practice, and the revision of the Pharmacy Practice Act. Discussion topics for the afternoon include the Drug Regulation Reform Act, patient package inserts, and problems with drug product selection.

The cost of registration is $20.00 and includes a luncheon. Please make your check payable to "Annual Seminar" and mail it to the School of Pharmacy, Continuing Education, UNC-Chapel Hill, 27514. Early registration is urgently requested. We will be delighted to have you with us.

SAN ANTONIO MEETING

Maybe it was the crowd of more than 5,000 pharmacists . . . maybe it was the tree-lined Riverwalk with its millions of Christmas lights . . . maybe it was the tacos . . . but of the nearly forty faculty members and students from the UNC School of Pharmacy who were in San Antonio the first week of December for the 13th Annual ASHP Mid-Year Meeting, probably no one left without a lasting impression.

Several faculty members participated in the program. Dr. Lawrence Hak spoke on "Acute Renal Failure Due to Drugs and Trauma." Betty Dennis, M.S., and Dr. Ralph Raasch presented a case presentation on "The Use of Hematin in the Treatment of Acute Intermittent Porphyria."

James K. Utt, Resident, conducted a platform session describing the Task Force Report on Health Planning and Pharmacy Practice in North Carolina. (See *Carolina Journal of Pharmacy,* October, 1978). This session generated much discussion.

Those attending the Mid-Year Meeting returned with many innovative ideas beneficial not only to hospital pharmacy, but to the practice of patient-oriented community pharmacy as well.

Silver Anniversary

For many of you, **Mr. Clifton I. Stone** probably needs no introduction. December 1, 1978, marked the twenty-fifth anniversary of Mr. Stone's service to the UNC-Chapel Hill School of Pharmacy—and he has no plans of retiring any time soon. Officially, he is known as Stockroom Manager or Supply Supervisor. Much more than that, however, Mr. Stone is the man who knows where every chemical or piece of equipment can be located in the School. If small electrical equipment needs repair—he can probably fix it—not as part of his job description, but just because he likes to do it.

Mr. Stone attended Livingstone College, Salisbury, N. C., and majored in Christian Education. He came to the School in 1953, when Dr. E. A. Brecht was Dean and Drs. George Cocolas and Claude Piantadosi were graduate students. At that time, the School of Pharmacy was located in Howell Hall, and his supply area was in the basement across from the nickel drink and cracker machines. Here, Cliff interacted with nearly every student and faculty member who came through the School, and as his schedule permitted, occasionally discussed politics, philosophy, pharmacy, and sports. Now, in the more modern Beard Hall, the stockroom is located on the second floor and away from the concession area. Due to this location, short discussions are less frequent—but no one can attend the School of Pharmacy without meeting and liking Mr. Stone.

His pharmacy life is not his whole world, however. There are many facets to Clifton Stone . . . and no, you are not seeing double when you see his familiar smile across your double gambler at the Rathskeller. Clifton Stone is there, too. Actually, he has been with "The Rat" even longer than he has been with the School of Pharmacy. He started out full-time with this well-known Chapel Hill landmark in 1951—cooking, washing dishes and waiting on tables. But when he joined the Pharmacy School staff two years later, he switched to a part-time schedule. You can still find him there on Wednesday, Friday, and Saturday nights.

In addition to his full-time and part-time employment, Mr. Stone is very active in local civic, religious, and political organizations. He is a life member of the NAACP, and Special Advisor to its Chatham County Community chapter. He is Vice Chairman of University Lake Precinct; President of the Interdenominational Ushers Association of N. C., Inc.; Treasurer of the Grand Chapter of Holy Royal Arch Masons; Secretary of the Trustee Board, Union Christian Bible Institute; Treasurer and Chairman of Trustee Board, Mt. Olive Masonic Lodge #36; Treasurer and Coordinator of the New Hope Mission Baptist Association; Secretary of the New Hope Union Meeting. He is a member of the Mt. Zion Baptist Church, Chatham County, where he serves in many capacities. He also is presiding officer of the local Pythians Lodge.

Clifton Stone:

Twenty-five years of service in the School of Pharmacy and still plenty of shelf-life to go.

Mr. Stone and his wife, Margaret reside at 103 Wesley Street in Carrboro. They are the parents of four sons, Wayne, Purchasing Agent, Miller Brewing Company, Eden, N. C.; Harold, Salesman-Deliveryman, McDuffie Furniture Company, Durham, N. C.; Bernard, Fingerprint Specialist, FBI, Washington, D. C.; and Arnold, Sophomore, Chapel Hill Senior High School.

Spare time, if there is any at all, is spent relaxing with televised sports events, his family, and good friends.

WORKSHOP HELD FOR DEVELOPING EDUCATIONAL MATERIALS

More than thirty faculty from pharmacy schools around the country gathered at the Carolina Inn in Chapel Hill on December 18 and 19 to improve their skills in developing continuing education materials to help practicing pharmacists stay abreast of developments in various specialties.

The workshop, which was made possible by an $11,000 educational grant from The Upjohn Company, was co-sponsored by the UNC at Chapel Hill School of Pharmacy and the Health Sciences Consortium (HSC), a non-profit, nationwide association of about 38 universities and other institutions.

The Pharmacy Continuing Education Committee, under the direction of Fred M. Eckel, Chairman, coordinated the workshop. Members of the Committee from the UNC School of Pharmacy included Mr. Eckel, Jean Paul Gagnon, Claude Paoloni, and A. Wayne Pittman. Other North Carolinians were Pam Joyner (Wake AHEC), Joe E. Edwards (Revco), Frank Penta (HSC), and A. H. Mebane (NCPhA). Also participating on the Committee were Bill Tindall (Creighton University), Samuel Kalman (APhA), Bill Pillow (Eli Lilly), and John Benjamin and Bud Berthel (Upjohn). With the planning of this workshop, the School of Pharmacy is taking a national leadership role in spearheading the development of self-instructional material for pharmacists. Bringing faculty together to develop this type of material is a new approach.

At the workshop the pharmacy faculty from 10 states developed continuing education materials with advice and instruction from educational and design experts under the direction of Dr. Uldarico Dátiles, chief consortium designer. The materials then were critiqued by the group. When published, each participant will receive copies of the final versions.

According to Mr. Eckel, "This was not only a workshop to improve skills but also a means of applying them and getting a finished product. This gives all the participating institutions 30 new sets of continuing education materials."

The materials are designed to test the individual pharmacist's comprehension as he or she progresses through them and afterwards.

The Health Sciences Consortium has been active in developing educational materials for health science students for 8 years. Eckel said the workshop is an example of the Consortium's newer role in developing materials for practicing health professionals as well as students.

PHARMACY PRACTICE RESIDENCY

A new degree program emphasis began in July, 1977, when the Division of Pharmacy Practice initiated a new Pharmacy Practice Residency. The program requires about two years to complete and leads to a Master of Science degree and a certificate of residency. Currently there are four participants in this program—with room for three additional candidates in July.

The overall objective of the Pharmacy Practice Residency is to develop a well rounded individual capable of leadership in many areas of pharmacy practice, including traditional hospital practice. The success of hospital pharmacy today is due in large part to the postgraduate training of individuals in controlled hospital pharmacy programs. The control has been provided by the accreditation process, i.e., the preceptors and programs are reviewed and accredited.

Health care emphasis is now beginning to shift away from hospitals. The real and potential impact of HSA's, cost containment, etc. has led to a leveling off in the growth of hospitals. Other areas of health care delivery are becoming more popular. Family practice centers and community health clinics are growing, and there is a continuing effort to improve and broaden rural health care delivery. If pharmacy is to remain a viable profession, there is a need to move into these areas of practice as they are being developed. The best way to do this, as was the case with hospital practice, is to train individuals to take on the responsibility of leadership and innovation in new forms of pharmacy practice. Unlike hospitals, the time to do this is now while these areas of health care delivery are still developing, not after they have already been established.

(Continued on Page 30)

Pharmacy Practice Residency

The advantages of a residency program are that a student is exposed to a consistent philosophy of leadership and is able to develop for himself a practice philosophy. In order to develop a philosophy of practice for new arenas, practice experience should be gained in these arenas.

The Pharmacy Practice Residency provides a varied background that allows the student to gain practice experience in a variety of areas. The core of the residency experiences focus on communicative and clinical skills, health education, administrative skills and ambulatory care. Elective rotations, besides providing for extension of core experiences, allow the student to broaden his knowledge in areas of clinical research and drug information. Proposed practice sites include, in addition to North Carolina Memorial Hospital, the Orange-Chatham Comprehensive Health Services clinics (OCCHS), the Area Health Education Centers (AHEC), Student Health Service and potential auxiliary sites such as Burroughs Wellcome (clinical research).

PUBLICATIONS

Drs. B. W. Hadzija and **A. M. Mattocks** of the Division of Pharmaceutics have published an article entitled "Quantitative TLC Determination of Propranolol in Human Plasma." The article appeared in the September, 1978 Journal of Pharmaceutical Sciences, Volume 67, pages 1307-1309.

Drs. Iris H. Hall and **Larry J. Loeffler** of the Division of Medicinal Chemistry collaborated with **Dr. Ziaodin Sajadi,** currently with Ferdowsi University in Iran, to publish an article entitled, "Antineoplastic Agents III: Effects of Dibromoethyl and Vinyl Esters of N-Benzyloxycarbonyl-L-phenylalanine on Ehrlich Ascites Tumor Cell Metabolism." The article appeared in the December, 1978 *Journal of Pharmaceutical Sciences,* Volume 67, No. 12, pages 1726-1731.

N. C. PHARMACISTS' PRESCRIBING PROPOSALS DRAW NATIONAL ATTENTION

Two proposals for pharmacist prescribing privileges in North Carolina were presented at an informal poster session at the ASHP Mid-Year Meeting in San Antonio in early December. The proposals were written by **Judith Zallman** in collaboration with **Fred Eckel,** Professor, Division of Pharmacy Practice, and **Stephen Caiola** and **R. Stephen Porter,** Associate and Assistant Professors, respectively, also of the Division of Pharmacy Practice. Ms. Zallman, who recently received an M.S. in Pharmacy Practice at UNC, is now with Cincinnati General Hospital.

The two alternative proposals are based on existing laws in North Carolina which allow nurse practitioners and physicians' assistants or optometrists to prescribe drugs under certain conditions. Both proposals attracted the attention of "The Pink Sheet" and "The Green Sheet." The following, reprinted by permission, are direct quotations from these publications:

> Should the state board accept either proposal, the change in the present statute would have to pass the state legislature. The first proposal would allow pharmacists to prescribe drugs "under written standing orders from a supervising MD." Pharmacists would be permitted under the second alternative to prescribe "selected drugs, including those for symptomatic treatment of acute self-limiting diseases."
>
> Drugs which pharmacists could prescribe would be determined by a formulary committee, composed of members of the state pharmacy board, UNC School of Pharmacy, NC Pharmaceutical Assn., NC Society of Hospital Pharmacists, NC Medical Society, and a consumer representative.
>
> Both proposals require that a prescribing pharmacist be certified by a joint MD/Pharmacy Board subcommittee to ensure the practitioner has "competence in simple clinical assessment skills and advanced knowledge of therapeutics." The stated goals of the proposed change are: (1) "to promote more rational use of medicines"; (2) "to reduce non-critical MD-visits"; (3) "to more effectively utilize the pharmacist as a health professional."

DRUG INFORMATION REPORTS

METOPROLOL

—Debbie Montague, R. Ph.
Pharmacy Practice Resident

Metoprolol (Lopressor®) is a new beta adrenergic blocking agent introduced by Geigy Pharmaceuticals for the treatment of hypertension. The mechanism of its antihypertensive action is similar to that of other beta blockers (propranolol is the only one currently commercially available in the United States). It causes an initial decrease in cardiac output followed by a gradual decrease in peripheral vascular resistance. In addition, it may manifest some centrally mediated antihypertensive action. It has been shown to decrease plasma renin activity; however, this is unrelated to its effect on blood pressure.

Metoprolol has been heralded as a beta-1 specific, cardioselective, blocking agent. Beta-1 specificity should be advantageous in conditions where blocking the beta-2 receptors in the lung would be generally considered contraindicated. Nonselective blockade of the beta receptors occurs with the use of propranolol. Therefore, if a beta blocker is to be used in patients with asthma or any other chronic obstructive pulmonary disease, metoprolol would be preferred over propranolol. However, it has been shown that even metoprolol can precipitate respiratory distress in an asthmatic patient. So, in these patients, it should only be used in low doses (50mg b.i.d. or t.i.d.), and it should be given concomitantly with a beta-2 stimulant (e.g. terbutaline—Brethine®, Bricanyl®; metaproterenol—Alupent®; etc.)

Metoprolol should be used with caution in diabetic patients. One of the body's most important responses to hypoglycemia is the release of epinephrine from the adrenal medulla. Epinephrine then stimulates glycogenolysis, and the subsequent release of glucose tends to restore the blood glucose levels to normal. Although metoprolol does not inhibit the release of epinephrine in response to hypoglycemia, it does significantly delay the return to normoglycemia. Therefore, it is postulated that it blocks the beta receptors engaged in stimulating glycogenolysis. In addition, it has also been shown to decrease peripheral lipolysis, another response to hypoglycemia. Secondly, metoprolol masks the beta stimulated signs of hypoglycemia. Masking these symptoms of increased heart rate, increased blood pressure, anxiety and nervousness, and sweating could be life threatening, especially in labile diabetics. Interestingly, metoprolol has not been shown to decrease the pancreatic secretion of insulin in response to hyperglycemia.

Probably one of the biggest advantages of metoprolol is the fact that it has very few significant side effects. Thus far, the ones that have been most frequently reported are dizziness, tiredness, and insomnia. Gastroenteritis, sweating, and palpitations have each been reported once.

The recommended initial dose of metoprolol is 50mg b.i.d. This may be increased safely to doses as high as 450mg per day given in divided doses. In the United States, however, a beta blocker is generally not chosen as the initial agent to treat hypertension. The Joint National Committee on Detection, Evaluation, and Treatment of High Blood Pressure, in its 1977 report, still recommends a diuretic as the first line of treatment. If a diuretic alone does not achieve the therapeutic goal, a second agent such as methyldopa, reserpine, propranolol, or metoprolol may be added. If yet a third agent is required to control the patient's blood pressure, a peripheral vasodilator such as hydralazine (Apresoline®) may be added.

The only FDA-approved use for metoprolol in the United States thus far is in the treatment of hypertension. However, studies have shown it effective in the reduction of anginal attacks and in controlling cardiac arrhythmias. Therefore, these are indications that we may see approved in the near future.

(For references, please contact The Division of Pharmacy Practice, The School of Pharmacy, University of North Carolina, Chapel Hill, N. C. 27514.)

WITH THE FACULTY

Dr. Larry J. Loeffler, Professor of Medicinal Chemistry has received a $1,000 grant from the UNC-Chapel Hill Research Council to study "The Synthesis of Novel Heterocyclic Compounds as Antineoplastic Agents."

Dr. William A. Wargin, Assistant Professor in Pharmaceutics has been awarded a grant for the amount of $750.00 by the University Research Council. The grant has been approved for a period of two years (November 1, 1978-November 1, 1980) to assess the usefulness of a receptor-site assay in studying the pharmacokinetics of neuroleptic drugs (e.g. haloperidol, thioridazine).

Dr. B. W. Hadzija, Associate Professor in Pharmaceutics presented a paper at the APhA Academy of Science Meeting, Hollywood, Florida, November 11, 1978-November 16, 1978. The paper was entitled "Bioavailability Studies of a Sustained-Release Theophylline Preparation."

Dr. R. Stephen Porter, Assistant Professor, Division of Pharmacy Practice, gave a talk on the therapeutic management of asthma to the medical and teaching staff at the Wake Area Health Education Center on Friday, November 17, 1978.

Fred M. Eckel, Professor, Division of Pharmacy Practice attended a meeting of the APhA Policy Committee on Professional Affairs in Washington, D. C. on November 13 and 14, 1978.

Thomas H. Mangum, pharmaceutical buyer for the North Carolina Mutual Wholesale Drug Co., Durham, center, is joined by Ralph P. Rogers, Jr., the company's executive vice president, left, and Joseph L. Rutledge, vice president of trade relations for Smith Kline & French Laboratories, in holding copies of invoices from the wholesaler which recently boosted SK&F's parent corporation, SmithKline, over the one billion dollar mark in sales for the first time in its 148-year history.

CHARLOTTE

The Charlotte Woman's Pharmaceutical Auxiliary met Tuesday, January 9, 1979 at noon at the Charlotte YWCA. Mrs. Leslie H. Davis, Vice-President, presided. Mrs. W. D. Smith gave the Devotion on "How to Begin the New Year." William Sawyer, Pharmacy Coordinator of the Charlotte Area Health Education Center, gave a talk on his work in Charlotte and the state. The tables were decorated with white candles and white birds nestled on real greenery. Plans are being finalized for the "Fun Day" in March.

Reported by Mrs. Tom Williams

RESULTS OF THE NCPhA SURVEY-OPTOMETRISTS PRESCRIPTIONS

Number of responses	262
Percentage of returns	14%

OPTOMETRIST PRESCRIPTIONS

Have you received prescriptions from optometrists in the last three (3) months? Yes (162); No (100)

If yes, approximately how many have you received? 1 to 5 (69); 6 to 10 (41); more than 10 (52)

Have you received inquiries from optometrists about ophthalmic preparations? Yes (84); No (78)

Have you received prescriptions from optometrists for controlled substances? Yes (9); No (153)

ERWIN HONORS FIRST MAYOR

A portrait of Erwin's first mayor, Leonidas Jackson, was unveiled at a formal ceremony in the town hall, Wednesday, January 3.

Mr. Jackson, a retired pharmacist, served as mayor from 1967 to 1971. He is credited with encouraging the town's growth, and promoting development. A 1922 graduate of the UNC School of Pharmacy, Mr. Jackson was associated with the E. R. Thomas Drug Store for 50 years.

A Questionnaire for Progressive Pharmacists

1. Which color do you prefer?
   - Purple
   - Chartreuse
   - Fuchsia
2. What do the following have in common?
   - Centronics 741
   - LIA
   - Escrow provision
   - Co-op

Answers

#1. Choices were poor. All answers are right.

#2. The commonality is perhaps this: A strong call for a discussion on a sensible approach to forming a co-op for pharmacy computers. I found something I wish to share with all of you soon; meanwhile, please put everything on "hold."

Tom Burgiss, "Quizmaster"

MEDICAID CONTRACT BID RECEIVED

Only one bid for the four year, 350 million dollar contract for the North Carolina Medicaid program was received by the state. EDS-Federal Corporation submitted the bid to process Medicaid claims from pharmacies, physicians, hospitals and others. If the bid is accepted by the state and approved by HEW, the contract is expected to be awarded March 1 and signed by March 20. Effective date of the contract is July 1, 1979. In their proposal, EDS-F will contract with The Computer Company of Richmond, Va., to process the pharmacy claims of the program. TCC is the current fiscal agent for the pharmacy program.

RALEIGH PHARMACIST ELECTED MAYOR PRO TEM

William H. Wilson, pharmacist and owner of Hayes Barton Pharmacy in Raleigh, has been elected Mayor Pro Tem by the city council. Mr. Wilson, a past president of the North Carolina Pharmaceutical Association, is chairman of the Wake Board of Health and a member of the North Carolina Medical Care Commission.

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MARRIAGES

Miss Julia Ann Hamel, of Wilmington, and Richard Harrison Roth, of Falls Church, Virginia, were married Saturday, December 16 at Winter Park Presbyterian Church in Wilmington.

The bride is a December 1978 graduate of the University of North Carolina School of Pharmacy. The groom received a Bachelor of Science degree in Biology from the University of North Carolina at Chapel Hill and is employed by Federal Paper Board Company. The couple will reside in Wilmington.

BIRTHS

Leslie H. Davis, Class of 1973, and wife Mary Lou, 5444 Marengo Circle, Charlotte, NC, announce the birth of a daughter, Emily Candace on Friday, November 10, 1978, at Presbyterian Hospital, Charlotte, NC. Leslie is Pharmacist-Manager of the Statesville Avenue Revco, Mooresville, NC and Mary Lou is 1st Vice President of the Charlotte Woman's Pharmaceutical Auxiliary.

Mr. and Mrs. Roger Putnam of Salisbury are the proud parents of a new daughter, Susan Leigh (8 pounds 6 ounces), born December 6, 1978. Susan Leigh has an older brother and sister.

In Memoriam

W. PRENTISS O'NEAL

W. Prentiss O'Neal, Belhaven, died December 30, 1978 at the Pungo District Hospital. Mr. O'Neal, a graduate of the UNC School of Pharmacy, was licensed to practice pharmacy in 1926, and operated O'Neal's Drug Store in Belhaven for many years. Active in his community, Mr. O'Neal served as mayor of Belhaven for 18 years, and received its "Citizen of the Year" Award in 1963 from the local Chamber of Commerce. He was a past president of the Northeast Drug Society and the Northeastern Carolina Pharmaceutical Association, and in 1976 was the recipient of the A. H. Robins "Bowl of Hygeia" Award presented by the North Carolina Pharmaceutical Association for outstanding service to his community.

Mr. O'Neal was a charter member of the Belhaven Rotary Club, a 32nd degree Mason and a Shriner. He is survived by his wife, Harriet, two sons, W. P. (Bud), Jr. and Edwin, both pharmacists, two daughters, Mrs. Al Lifson and Mrs. Dan Montgomery, and two step-children, Frank Keaton and Willie Keaton.

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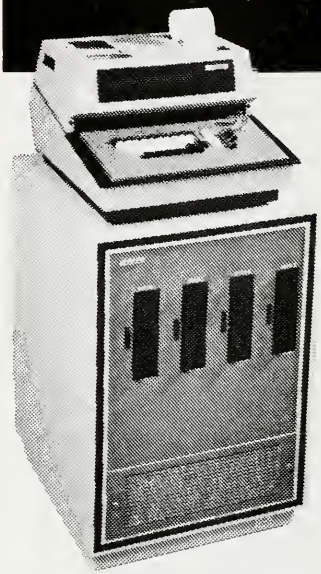

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THE CAROLINA
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February 1979

Convention Planning Committee meets at Royal Villa in Raleigh, Sunday, February 4th. Seated, left to right: Mrs. A. H. Mebane, III, Mrs. L. M. McCombs, Mrs. Herman Lynch, Mrs. W. H. Andrews, Mrs. Milton Skolaut, Mrs. Jerome Johnson, Mrs. Horace Lewis, Mrs. W. J. Smith, Mrs. Jack Watts. Standing: W. H. Andrews, L. M. McCombs, W. J. Smith, Herman W. Lynch, Jerome Johnson, Jack Watts, A. H. Mebane, III, Horace Lewis. Photo by Colorcraft.

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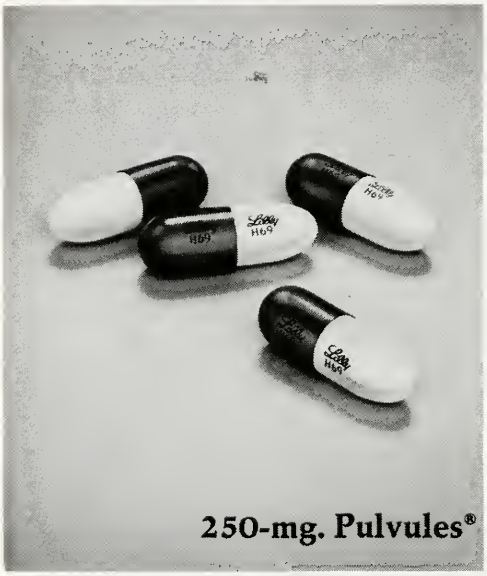

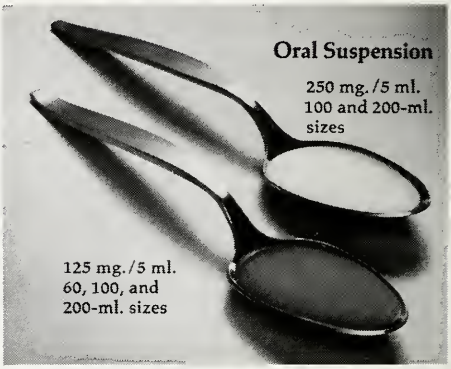

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THE CAROLINA JOURNAL of PHARMACY

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Remember the summer of '78?

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And when the 10 weeks were over, we parted knowing that we'll enjoy seeing each other in the years ahead.

And reminiscing about the summer of '78.

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CONCLUSIONS AND RECOMMENDATIONS from the Report of the TASK FORCE on HEALTH PLANNING and PHARMACY PRACTICE in NORTH CAROLINA

PATIENT/ORIENTED PHARMACY PRACTICE AND "FAMILY PHARMACIST" CONCEPT

The practice of pharmacy has moved from activities of formulation and manipulation of chemical entities to activities of patient care. Component services of patient-oriented pharmacy practice include: 1) maintenance and use of patient medication profiles to assure proper utilization of prescription and over-the-counter drugs; 2) patient counseling regarding prescription and over-the-counter drugs; 3) primary care provision for treatment of minor self-limiting ailments amenable to non-prescription therapies; 4) serving as drug and drug therapy consultant to physicians, nurses, and other health care practitioners; 5) serving as a health information and education source for the community on the subjects of drugs, drug use, drug therapy, health promotion, and preventive medicine; 6) serving as an information and referral agent for persons seeking entry into the health care system; 7) performance of disease screening and monitoring and management of chronic disease therapy based upon protocols drawn up in conjunction with medical practitioners.

Patient-oriented pharmacy practice is an overall cost saving activity in health care. Patient medication profiles, patient counseling, and chronic therapy monitoring and management help prevent adverse drug reactions and promote successful therapy, thereby reducing the need for costly extra visits to the physician and/or hospitalization. Health education and primary care activities can help to decrease the incidence and severity of disease, thereby reducing the need for costly treatments. Despite such potential cost savings for total health care, many pharmacists cannot afford to provide comprehensive patient-oriented services since there currently exists no means of being reimbursed for this professional activity. Under the present reimbursement system, pharmacists are paid only when they dispense drugs. Even though many valuable patient-oriented services could be appropriately provided when no drug is being sold, monetary incentives for providing these services are lacking at this time.

The "family pharmacist" concept involves the comprehensive provision of these patient-oriented pharmacy services on a continuing, long-term basis to a regularly serviced patient population. In this manner, the services provided can be tailored to meet the pharmacy care needs of each individual and family. Patients derive maximum health benefits from pharmacy services when they utilize the services of a "family pharmacist."

Not all of these patient-oriented services are available in every pharmacy. However, all of them have been demonstrated to be valuable and feasible pharmacy services. Since pharmacies are readily available throughout North Carolina, expansion of these patient-oriented services to all pharmacies in the state will make the benefits of a "family pharmacist" available to all North Carolinians.

For patient-oriented pharmacy services to be expanded throughout North Carolina, support mechanisms need to be implemented to assure competency in clinical skills of pharmacists and cost-efficiency in the provision of these services.

RECOMMENDATIONS RELATED TO PATIENT-ORIENTED PHARMACY PRACTICE:

1) THE UNIVERSITY OF NORTH CAROLINA SCHOOL OF PHARMACY SHOULD STRONGLY ENCOURAGE AND PROMOTE THE INTERDISCIPLINARY CLINICAL EDUCATION OF PHARMACY STUDENTS.

Interdisciplinary education of pharmacy students in clinical settings with physicians, nurses, dentists, health educators, other health professionals, and health professions students is valuable for developing the necessary skills for providing patient-oriented pharmacy services. Training of pharmacy students with other primary care providers through the Area Health Education Centers should receive special emphasis.

2) PHARMACY STUDENT EDUCATION AT THE UNIVERSITY OF NORTH

(Continued on Page 6)

CAROLINA SCHOOL OF PHARMACY SHOULD PLACE STRONG EMPHASIS ON THE DEVELOPMENT OF EFFECTIVE COMMUNICATIONS SKILLS AND GREATER UNDERSTANDING OF THE PSYCHOLOGICAL AND SOCIAL NEEDS OF PATIENTS.

This emphasis can be achieved through increased coursework in the social and behavioral sciences and through special training programs.

3) THE NORTH CAROLINA BOARD OF PHARMACY SHOULD CONSIDER THE ADVISABILITY OF MAKING PHARMACIST PARTICIPATION IN CONTINUING EDUCATION PROGRAMS A CONDITION FOR RELICENSURE.

Continuing education through lectures, conferences, correspondence courses, etc., can enable all pharmacists to acquire and maintain up-to-date clinical skills in such areas as patient counseling, drug therapy monitoring and management, and health education activities. The North Carolina Pharmaceutical Association, the University of North Carolina School of Pharmacy, and other accredited providers should regularly sponsor such continuing education programs to accommodate shifting and expanding knowledge demands.

4) THE APPROPRIATE UTILIZATION OF PHARMACY TECHNICIANS TO PERFORM ROUTINE, MANIPULATIVE, NON-JUDGEMENTAL FUNCTIONS UNDER PHARMACIST'S SUPERVISION SHOULD BE ENCOURAGED BY THE NORTH CAROLINA PHARMACEUTICAL ASSOCIATION AND THE UNIVERSITY OF NORTH CAROLINA SCHOOL OF PHARMACY.

Employment of pharmacy technicians is important for giving pharmacists adequate time in their practice to provide individualized patient-oriented services of the type previously described. The Task Force supports the study currently being done by the North Carolina Department of Community Colleges, the North Carolina Pharmaceutical Association, the North Carolina Board of Pharmacy, and the University of North Carolina School of Pharmacy to determine standardized training formats for pharmacy technicians.

5) HEATH SYSTEMS AGENCIES, THE STATE HEALTH PLANNING AND DEVELOPMENT AGENCY, AND THE NORTH CAROLINA PHARMACEUTICAL ASSOCIATION SHOULD ENCOURAGE THIRD-PARTY PAYERS TO PROVIDE REASONABLE REIMBURSEMENT TO PHARMACISTS FOR THE PROVISION OF QUALITY PATIENT-ORIENTED PHARMACY SERVICES OF A NONDISPENSING NATURE.

Patient-oriented pharmacy services such as those previously described augment or supplement other medical services in a cost-efficient manner. By establishing reimbursement to pharmacists for providing these services, all pharmacies will be economically able to provide them to all their patients.

6) THE NORTH CAROLINA PHARMACEUTICAL ASSOCIATION AND THE NORTH CAROLINA SOCIETY OF PUBLIC HEALTH EDUCATORS SHOULD MEET JOINTLY FOR THE PURPOSE OF DEVELOPING A COORDINATED AND EXPANDED PROGRAM OF HEALTH EDUCATION THROUGHOUT NORTH CAROLINA.

As an important part of such a program, pharmacists should provide much needed community-based public education on drugs and their rational usage.

7) THE NORTH CAROLINA PHARMACEUTICAL ASSOCIATION AND ITS MEMBER PHARMACISTS SHOULD DEVELOP A PUBLIC INFORMATION CAMPAIGN.

This campaign should include the promotion of: a) rational drug usage; b) the importance of practical advantages of having a "family pharmacist" and the patient-oriented services associated with such a practitioner; and c) the need for the public to consider the total scope of pharmacy services provided as well as costs when choosing a pharmacy.

8) WHEN THE PHARMACY PRACTICE LAWS OF NORTH CAROLINA ARE REWRITTEN, THEY SHOULD INCLUDE PROVISIONS PROMOTING PATIENT-ORIENTED PHARMACY PRACTICE.

The pharmacy practice laws of North Carolina are due to be rewritten and modernized in the next few years. No part of the revised laws should inhibit patient-oriented pharmacy practice. The North Carolina Board of Pharmacy should study the advisability of including maintenance of patient profiles and patient counseling as required components of a pharmacist's dispensing activities. The need

to develop some type of drug prescribing role for pharmacists is currently being debated in health care circles. Inclusion of such a role should be considered in the revision of the pharmacy practice laws.

COST CONSIDERATIONS

The provision of high quality pharmaceutical goods and services to all citizens in the state should receive top priority. By the same token, the increases in drug costs which have occurred over the past few years are difficult economic burdens for certain population groups. Methods of alleviating this economic strain need to be implemented. Pharmacists have no control over increases in fixed drug costs from manufacturers and suppliers. In order to help hold the line on total health care costs to the public, pharmaceutical goods and services should be provided in a cost-conscious and cost-efficient manner without sacrificing quality in the process. Certain actions can be taken to provide quality pharmacy services in a more cost-efficient manner.

RECOMMENDATIONS RELATED TO COST CONSIDERATIONS:

1) PHARMACISTS SHOULD BE ENCOURAGED TO UTILIZE THE BEST FINANCIAL AND PERSONNEL MANAGEMENT PRINCIPLES IN THEIR OPERATIONS.

Pre-service education at the University of North Carolina School of Pharmacy and continuing education programs sponsored by the University of North Carolina School of Pharmacy, the Area Health Education Centers, and the North Carolina Pharmaceutical Association should stress techniques for such financial and personnel management.

2) HEALTH SYSTEMS AGENCIES SHOULD ENCOURAGE PHARMACISTS AND PHYSICIANS TO DEVELOP FORMULARY SYSTEMS IN BOTH THE INSTITUTIONAL AND COMMUNITY SETTINGS.

Formulary systems are a means of reducing drug costs via decreased inventory costs and increased economies of purchasing. They are also a means of encouraging drug product review by appropriate medical committees which can result in improved physician prescribing patterns.

3) THE STATE-WIDE HEALTH COORDINATING COUNCIL IN CONJUNCTION WITH THE NORTH CAROLINA PHARMACEUTICAL ASSOCIATION AND THE NORTH CAROLINA MEDICAL SOCIETY SHOULD STUDY THE COST-RELATED IMPACTS OF THE STATE'S ANTI-SUBSTITUTION LAWS.

Several states have recently adopted generic substitution laws permitting pharmacists to fill a prescription with a bioequivalent drug unless otherwise directed by the prescriber. These laws and their effects should be carefully studied for their possible contribution to cost containment and the reinforcement of professionalism in the practice of pharmacy.

4) THE UNIVERSITY OF NORTH CAROLINA SCHOOL OF PHARMACY SHOULD ENCOURAGE THE DEVELOPMENT OF REGIONALIZED NETWORKS OF DRUG INFORMATION CENTERS COORDINATED THROUGH THE AREA HEALTH EDUCATION CENTERS.

These centers would provide ready telephone access to all health professionals concerned with drugs and drug therapy and would help decrease duplication of expensive drug information systems. More comprehensive drug information services than are generally available at present would be provided.

5) FEDERAL AUTHORITIES SHOULD BE ENCOURAGED BY THE NORTH CAROLINA PHARMACEUTICAL ASSOVIATION TO DEVELOP A "THIRD CLASS OF DRUGS" THAT PHARMACISTS CONTROL AND DISPENSE WITH APPROPRIATE COUNSELING AND SURVEILLANCE.

This drug classification would provide a category intermediate between the current classes of drugs available only on the prescription of a physician and those available without a prescription. Included in this third category would be agents which are safe enough to be used without a physician's supervision but which need the supervision of a health professional to assure their safe usage by patients. Agents of this type currently exist in both the prescription-only and non-prescription drugs categories. Some likely examples of types of agents to be included in a pharmacist-controlled classification are: currently non-prescription sleep aids and long-acting nasal sprays; currently prescription-only antihistamines, decongestants, and cough syrups. Development of such a class of agents would promote better self-

(Continued on Page 9)

A lot more goes into Abbott drug products than simply drugs.

Gerry Hietala, Abbott research pharmacist, on flavoring:

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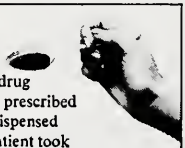

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Indications:

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Alpha-hemolytic streptococci (viridans group)—Short-term prophylaxis of bacterial endocarditis prior to dental or other operative procedures in patients with a history of rheumatic fever or congenital heart disease who are hypersensitive to penicillin.

S. aureus—Acute infections of skin and soft tissue of mild to moderate severity. Resistant organisms may emerge during treatment.

S. pneumoniae (D. pneumoniae)—Upper and lower respiratory tract infections of mild to moderate degree.

M. pneumoniae — For respiratory infections due to this organism.

Hemophilus influenzae: For upper respiratory tract infections of mild to moderate severity when used concomitantly with adequate doses of sulfonamides. Not all strains of this organism are susceptible at the erythromycin concentrations ordinarily achieved (see appropriate sulfonamide labeling for prescribing information).

Treponema pallidum—As an alternate treatment in patients allergic to penicillin.

C. diphtheriae and C. minutissimum—As an adjunct to antitoxin. In the treatment of erythrasma.

Entamoeba histolytica—In the treatment of intestinal amebiasis.

L. monocytogenes—Infections due to this organism.

Establish susceptibility of pathogens to erythromycin, particularly when *S. aureus* is isolated.

Contraindications:
Known hypersensitivity to erythromycin.

Warnings:
Safety for use in pregnancy has not been established.

Precautions:
Exercise caution in administering to patients with impaired hepatic function. During prolonged or repeated therapy, there is a possibility of overgrowth of nonsusceptible bacteria or fungi. Surgical procedures should be performed when indicated.

Adverse Reactions:
Dose-related abdominal cramping and discomfort. Nausea, vomiting, and diarrhea infrequently occur. Mild allergic reactions such as urticaria and other skin rashes may occur. Serious allergic reactions, including anaphylaxis, have been reported.

8013236

medication by patients and reduce the need for costly physician visits related to the treatment of minor illnesses. A statement of the Task Force's support for this concept shall be sent to the Food and Drug Administration and other interested federal authorities.

6) HEALTH SYSTEMS AGENCIES AND THE NORTH CAROLINA PHARMACEUTICAL ASSOCIATION SHOULD ENCOURAGE THE USE OF GROUP PURCHASING PLANS AMONG INSTITUTIONS AS WELL AS INDEPENDENT PHARMACIES TO ENABLE PARTICIPANTS TO OBTAIN PHARMACEUTICAL PRODUCTS AT LOWER PRICES.

Group purchasing plans can lower pharmacy costs since lower prices from pharmaceutical manufacturers can be obtained by buying in larger volumes. Such group purchasing can alleviate much of the disparity among different types and sizes of pharmacies regarding the cost of the drug from the manufacturer. Group purchasing plans for institutions are already available and plans for independent pharmacies should be established.

PHARMACY AND NORTH CAROLINA HEALTH PLANNING ACTIVITIES

The six Health Systems Agencies and the State Health Planning and Development Agency are working to develop comprehensive means of meeting the health care needs of North Carolina. Until this time, pharmacy practice has largely remained outside the sphere of comprehensive health planning. Pharmacists represent the third largest of the many health manpower groups in the increasingly complex manpower mix. As such, pharmacists could fill many roles for helping to accomplish health planning objectives. Therefore, it appears imperative that closer working relationships between practicing pharmacists and health planners should occur.

RECOMMENDATIONS PERTAINING TO PHARMACY AND HEALTH PLANNING IN NORTH CAROLINA:

1) EACH HEALTH SYSTEMS AGENCY AND THE STATE-WIDE HEALTH COORDINATING COUNCIL SHOULD HAVE A PHARMACIST WHO REPRESENTS A CONSTITUENCY OF THE PRACTICING PHARMACISTS IN THE PARTICULAR REGION OF THE STATE ON ITS GOVERNING BOARD.

Such a pharmacist-member would establish a direct communications link between health planning agencies and pharmacists. The North Carolina Pharmaceutical Association should coordinate (through local and county pharmaceutical associations where appropriate) the nomination of several interested and qualified pharmacists to fill membership positions on these health planning boards. The North Carolina Pharmaceutical Association should encourage the participation in the nomination process of pharmacists from the many pharmacy practice settings, pharmacist-members of minority groups, and pharmacists who are also elected officials. The list of nominees should serve as the source of the individuals appointed to pharmacist-member positions on the health planning boards.

2) PHARMACISTS SHOULD BE INFORMED OF THE CURRENT HEALTH PLANNING ACTIVITIES AND OTHER ACTIVITIES OF THE NORTH CAROLINA PHARMACEUTICAL ASSOCIATION, THE UNIVERSITY OF NORTH CAROLINA SCHOOL OF PHARMACY, AND WHERE APPROPRIATE, THE NORTH CAROLINA BOARD OF PHARMACY.

Health planning officials in the Health Systems Agencies and the State Health Planning and Development Agency should communicate items of concern to pharmacy to these pharmacy agencies for dissemination of the information to pharmacists.

3) HEALTH PLANNING AGENCIES SHOULD BE AWARE OF PHARMACY PRACTICE IN THE STATE THROUGH REGULAR COMMUNICATIONS WITH THE NORTH CAROLINA PHARMACEUTICAL ASSOCIATION. THE UNIVERSITY OF NORTH CAROLINA SCHOOL OF PHARMACY, AND THE NORTH CAROLINA BOARD OF PHARMACY.

Every effort for mutual cooperation between various planning bodies and organized pharmacy groups should be encouraged.

OTHER AREAS OF CONSIDERATION

The practice of pharmacy is performed within the realm of social, economic, and political reality. In addition to the areas which have previously been mentioned, a variety of other particular situations warrant attention.

(Continued on Page 11)

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RECOMMENDATIONS RELATED TO THESE OTHER AREAS:

1) THE UNIVERSITY OF NORTH CAROLINA SCHOOL OF PHARMACY, THE NORTH CAROLINA PHARMACEUTICAL ASSOCIATION, AND PHARMACISTS OF NORTH CAROLINA SHOULD SEEK TO RECRUIT AND RETAIN IN ACTIVE PRACTICE MEMBERS OF MINORITY GROUPS.

In a related matter, the North Carolina Pharmaceutical Association and other organized pharmacy groups should encourage active membership and leadership in their organizations by minority pharmacists.

2) IN PROMOTING EXPANDED PATIENT-ORIENTED SERVICE ROLES FOR PHARMACISTS, THE UNIVERSITY OF NORTH CAROLINA SCHOOL OF PHARMACY, THE NORTH CAROLINA BOARD OF PHARMACY, AND THE NORTH CAROLINA PHARMACEUTICAL ASSOCIATION SHOULD TAKE STEPS TO ASSURE THAT THESE EFFORTS PRESERVE THE BOARD DISTRIBUTION OF PHARMACISTS IN THE STATE.

Such steps are necessary since pharmacists are the most widely distributed health care professionals in North Carolina and, as such, contribute to better accessibility to health care for all North Carolinians.

3) LOVAL PHARMACY ORGANIZATIONS SHOULD PUBLICIZE METHODS FOR GAINING ACCESS TO EMERGENCY PHARMACY SERVICES AND SHOULD DEVELOP SYSTEMS TO TRANSMIT INFORMATION ABOUT SUCH SERVICES BACK TO A PATIENTS "FAMILY PHARMACIST."

Publicizing such methods in particular localities improves accessibility to pharmacy services for the citizenry. Transmitting information about emergency pharmacy services provided back to a patient's family pharmacist assures that complete pharmaceutical records can be maintained for the patient.

4) LOCAL PHARMACY AND MEDICAL GROUPS AS WELL AS THE NORTH CAROLINA PHARMACEUTICAL ASSOCIATION, THE NORTH CAROLINA SOCIETY OF HOSPITAL PHARMACISTS, AND THE NORTH CAROLINA MEDICAL SOCIETY SHOULD CONTINUE TO WORK TOGETHER TO ESTABLISH LINKAGES FOR MORE INTEGRATED MEDICAL AND PHARMACEUTICAL CARE TO FACILITATE IMPROVED TOTAL CARE FOR PATIENTS.

These linkages are important because they provide for continuity of patient care between physicians and pharmacists and among pharmacists in the various pharmacy practice settings.

Complete copies of the Task Force Report are available at $5.00 per copy from:

Secretary, NCPRF
UNC at Chapel Hill
Pharmacy, Beard Hall 200H
Chapel Hill, NC 27514

WEDDINGS

Miss Deborah Kay Trollinger and *Jack Webster McAdams* were united in marriage Saturday, February 3rd in the First Presbyterian Church in Burlington with Dr. Tom Anderson officiating.

The bride attended the UNC at Charlotte, Central Piedmont Community College and Opticianary School of Durham. She is employed by the S. Galeski Optical Co. at Greensboro. The groom was graduated from Sandhills Community College and the School of Pharmacy at UNC in Chapel Hill. He is a registered pharmacist at Asher-McAdams Drug Co. and is the newly-elected president of the Pharmacy Association of Alamance County. The newlyweds will make their home in Burlington.

BIRTHS

Martha and John Nance of Greensboro announce the arrival of a son, Jon-Patrick, on January 29, 1979, weighing 8 pounds. Both parents are pharmacists. John is employed at Wesley Long Hospital and Martha at McFall's Sunset Hills Drug Store.

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Big Value Discount Drug Center
Edenton Village Shopping Center
Edenton, NC 27932
Mr. Ronald T. Tripp, Ph-Mgr.

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Big Value Discount Drug Center
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Ms. Denise B. Luxton, Ph-Mgr.

Ditmore Drugs
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Robbinsville, NC 28771
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Savco Discount Drug Store
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Walnut Cove, NC 27502
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Wilmington, NC 28403
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RECIPROCITIES

Clarence Augustus Abbott—Georgia
Cary Isidore Christ—South Carolina
Ernest Whitmal Furgurson, III—Virginia
Mark Stephen Reinhard—Pennsylvania
Ronald Norman Sandritter—New Jersey

Interior of Hall's Drug Store, circa 1910

Main Street, Oxford, circa 1900

OXFORD PHARMACY CELEBRATES 100TH ANNIVERSARY

Hall's Drug Store, Oxford, celebrated its 100th anniversary in the same location, on Sunday, February 4. Founded in 1879 by Mr. J. G. Hall, the building was constructed for the drug store using bricks made locally at the Central Orphanage.

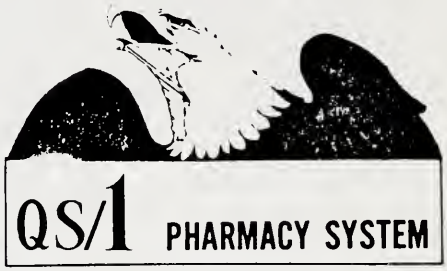
The oldest prescriptions on file are dated 1886 and present owner J. B. Clay says the number of prescriptions dispensed in the past 100 years would conservatively be estimated at over 2½ million. The present ceramic tile floor was laid in 1919 and is still holding up well. The local post office was located in the drug store in the 1880's and the franchise for school books was held until the state assumed the function of selling books. Hall's Drug Store was featured in Ripley's "Believe It or Not" book for having a sign outside advertising bibles and cigars.

Mr. J. G. Hall died in 1932 and the business passed into the hands of his daughter Sarah, and two sons, Sam and John Perry Hall, both of whom are pharmacists.

Mr. Clay, a 1959 graduate of the UNC School of Pharmacy, established a $500.00 scholarship fund in 1976 in honor of John Perry Hall and Samuel Cannady Hall.

Hall's Drug Store, Oxford, 1979

Declare your independence.



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William B. Adams, O.D.; Sanford
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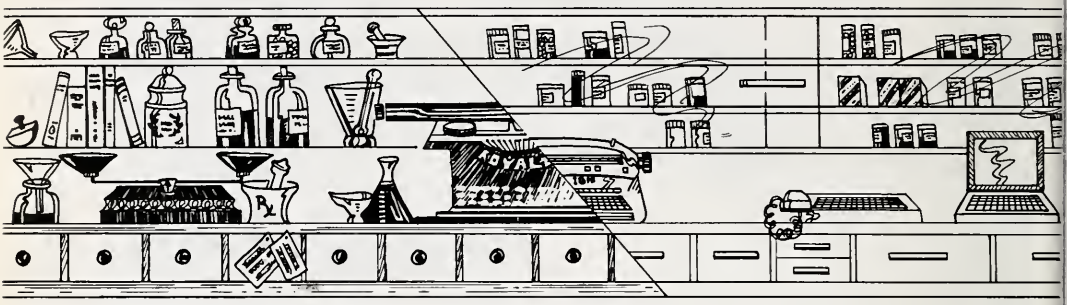

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SARAH SASSER RECEIVES 'DISTINGUISHED CITIZEN' AWARD

Sarah Sasser, First Vice-President, Woman's Auxiliary, NCPhA, was honored at the Greater Smithfield-Selma Chamber of Commerce Annual Meeting, Thursday night, Januery 25. Mrs. Sasser received the "Distinguished Citizen" award for her involvement in many projects promoting the improvement of the West Smithfield community.

She was an organizer of the West Smithfield Community Development Organization and serves on the Smithfield Planning and Zoning Board. She has been very active in Keep Johnston County Beautiful, Inc., a non-profit group concerned with preserving the natural beauty of the county through planning as well as cleanup and beautification projects. Mrs. Sasser is a member of the board of directors of the Peoples National Bank of Smithfield, and is married to Marshall Sasser, a Smithfield pharmacist.

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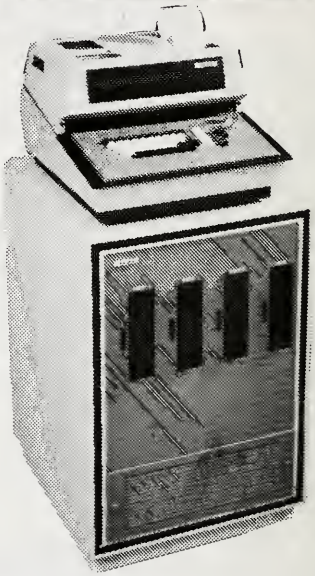

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UP-TO DATE MAC PRICES

DRUG	STRENGTH	DOSAGE FORM	COST/UNIT	EFF. DATE
Acetaminophen w/Codeine	30 mg.	Tablets	$0.0780	2-1-79
Acetaminophen w/Codeine	60 mg.	Tablets	$0.1545	2-1-79
Ampicillin	250 mg.	Capsule	$0.0595	2-1-79
			(prior $0.0725	7-1-77)
Ampicillin	500 mg.	Capsule	$0.1103	2-1-79
			(prior $0.1390	7-1-77)
Ampicillin	125 mg/5 ml	Oral Susp.	$0.0145	11-1-77
Ampicillin	250/5 ml	Oral Susp.	$0.0205	11-1-77
Chlordiazepoxide HCL	5 mg	Capsule	$0.0270	6-1-78
Chlordiazepoxide HCL	10 mg.	Capsule	$0.0378	6-1-78
Chlordiazepoxide HCL	25 mg	Capsule	$0.0640	6-1-78
Doxepin HCL	10 mg.	Capsule	$0.0950	2-1-79
Doxepin HCL	25 mg.	Capsule	$0.1161	2-1-79
Doxepin HCL	50 mg.	Capsule	$0.1765	2-1-79
Erythromycin Stearate	250 mg.	Tablet	$0.0697	2-1-79
Erythromycin Stearate	500 mg.	Tablet	$0.1250	2-1-79
Meprobamate	200 mg.	Tablet	$0.0108	2-1-79
Meprobamate	400 mg.	Tablet	$0.0117	2-1-79
* Penicillin G. Potassium	400 MU	Tablet	$0.0180	2-1-79
* Penicillin G. Potassium	800 MU	Tablet	$0.0265	2-1-79
Penicillin VK	250 mg.	Tablet	$0.0535	11-1-77
Penicillin VK	500 mg.	Tablet	$0.1025	11-1-77
Penicillin VK	125 mg/5 ml	Oral Susp.	$0.0120	11-1-77
Penicillin VK	250 mg/5 ml	Oral Susp.	$0.0160	11-1-77
Phenylbutazone	100 mg.	Tablet	$0.0750	2-1-79
Phenylbutazone Alka	100 mg.	Capsule	$0.0940	2-1-79
Probenecid	0.5 gm.	Tablet	$0.0644	2-1-79
Propoxyphene HCL	65 mg.	Capsule	$0.0317	5-1-78
Propoxyphene HCL W/APC (Cmpd)	65 mg.	Capsule	$0.0330	5-1-78
Tetracycline HCL	250 mg.	Capsules	$0.0250	5-1-78
Tetracycline HCL	500 mg	Capsule	$0.0465	5-1-78

* Note: the MAC prices on these two forms of Penicillin C Potassium are under review. Effective date is uncertain.

LICENSED IN 1929?

If your original pharmacy license was issued in 1929 and you are a member of the North Carolina Pharmaceutical Association, the NCPhA has plans to honor you in Raleigh on Sunday, May 27th, as part of the 99th annual meeting.

Pharmacists completing their 50th year will be inducted into the NCPhA 50 Plus Club, and will receive a certificate and 50 year pin.

The records of the 50 Plus pharmacists were compiled through the cooperation of the N. C. Board of Pharmacy and do not include those pharmacists who may have been licensed in another state in 1929 prior to moving to North Carolina. If you were first licensed in another state in 1929, are a member of the NCPhA, or know of such pharmacists, please write the NCPhA office in Chapel Hill.

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We express oqr sincere appreciation to the following people and organizations who have contributed to the North Carolina Pharmaceutical Research Foundation for the 1978-79 Fund Drive.

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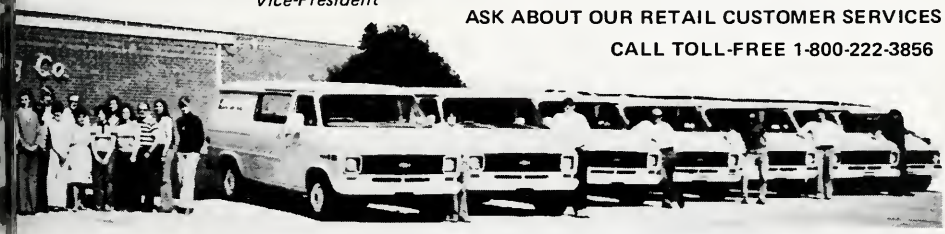

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LOCAL/DISTRICT NEWS

HARNETT COUNTY

Clara Mincey, Medical Service Representative, Roche Laboratories, was the featured speaker at the bi-monthly meeting of the Harnett County Pharmaceutical Association, Monday, January 29, held at Heath's Steak House in Dunn.

Herman Medlin, President, reported on a recent meeting he attended in Chapel Hill for officers of local pharmaceutical organizations. Poison Prevention Week, March 18 through 24, was discussed, and a committee consisting of Larry Thomas and Kim Allen was appointed to complete the planning for this project. Caul Jernigan and Larry Thomas were appointed as a nominating committee, to report at the March meeting.

Guest present were Linda Medlin, wife of the president, and Frank Wells, President of the Johnston County Pharmaceutical Association.

Reported by
Edith Ann Caviness

GUILFORD COUNTY SOCIETY OF PHARMACISTS

The January meeting of the Guilford County Society of Pharmacists was held Wednesday, January 10 at Wesley Long Hospital with 24 members in attendance. The speaker for the evening was Steve Caiola of the UNC School of Pharmacy. Mr. Caiola's topic, "Drug Therapy of Common Fungal and Bacterial Infections of the Skin," which he presented with the aid of some excellent slides, was very interesting and informative.

The business session that followed the program included the installation of new officers for 1979 as follows:

President—Randy Crawford
President-Elect—David Wheeler
Vice-President—Charles Murphy
Secretary-Treasurer—Frank Burton
Board of Directors—Arnold Cherson
Larry Long

Reported by
Frank Burton, Secretary

WAKE COUNTY PHARMACEUTICAL ASSOCIATION

The Wake County Pharmaceutical Association met on Tuesday evening, January 9, 1979, at Balentines. There were 23 members and guests present.

President Elaine Watson called the meeting to order and asked Pam Joyner to introduce our program topic, Continuing Education, and our speakers, Claude Paoloni and Joe Edwards. Mr. Paoloni defined Continuing Education and presented criteria necessary for successful programs. Mr. Edwards discussed continuing education versus continuing competency which he feels is more important to the safety and well being of the public.

Mrs. Joyner then listed the continuing education programs that will be held this spring. They are as follows:

April 18—An interdisciplinary program on Patient Education will be held at the McKimmon Center on Western Blvd.

May 8, 15—Peggy Gebhardt will present two programs on diabetes. They will be held in the AHEC auditorium.

Mrs. Joyner then announced that she had been appointed to the Professional Education Committee of the Wake County Cancer Society and requested suggestions for programs pharmacists need on cancer. She can be reached at 755-8547.

President Watson then called for old business. She reported that the Christmas Party was a success and gave special thanks to Forrest Matthews and the social committee. Special thanks also goes to King Drug Company for providing the cocktail hour at the party.

President Watson then reported that Carol Summer is working on the updated version of the Drug Alert System. She hopes to complete it soon.

Under new business, Joe Rowe suggested that the Christmas Party be returned to the Shrine Club. It will be taken under advisement by the Social Committee.

Reported by
Al Lockamy, Secretary

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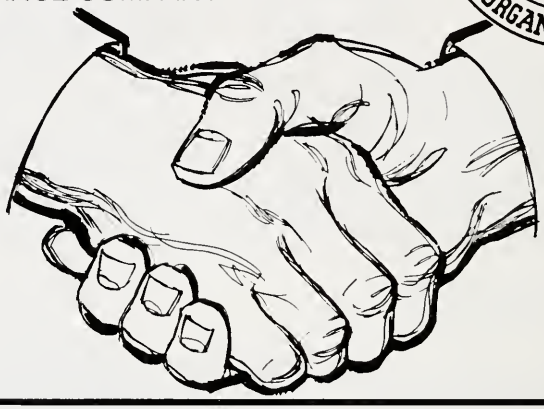

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Carolyn Clayton, Editor

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DEAN'S MESSAGE

BUDGET

By the time this message is seen in print perhaps some of the smoke will have cleared in the State Legislature regarding the budget. Your School has high stakes in what occurs during this session. Among the Health Science schools, the Pharmacy budget has priorities 1 and 2. The first is the replacement of federal capitation funds and the second is to improve the quality of education.

The decision will be a crucial one since President Carter and the U. S. Congress will most probably be discussing a recision of the 1979 budget and certainly a drastic cut in the education budget for 1980. The imminent loss of capitation funds (already reduced from previous years) will result in a cut in programs. As your School desperately attempts to reach some degree of parity among the units of the Chapel Hill campus, the second priority is a must! Many of you know that our state appropriation per student is one of the lowest of the 72 schools of pharmacy. Fortunately, the maximal efficient use of federal funds, such as represented by the AHEC Program, has enabled us to offer what we think the best quality curriculum within the budget.

Although I am generally optimistic of what the Legislature will pass, there are forces working counter to it. For example, the current HEW-UNC controversy with a potential loss of federal funds; President Carter's contemplated budget recision for 1979 and reductions for 1980 which will affect the Schools of Medicine and Dentistry as well as Pharmacy; and, on the state level, the Governor's wish to increase funding to private schools; all will have a tendency for legislators to be conservative.

The kind of pharmaceutical care we can offer tomorrow is a function of research and training today. Your support will be appreciated.

DAVE CLAYTOR HONORED

After serving 15 years as a member of the North Carolina Board of Pharmacy, Dave Claytor has resigned, in order to give full attention to his position at the UNC School of Pharmacy. When asked how he felt about leaving, Mr. Claytor responded, "Serving as a member of the Board is an honor, a pleasure, and a great deal of work. I feel that after three terms on the Board I have contributed all that I can and am stepping down now to allow a new member to be selected." On January 20, Mr. Claytor was presented a plaque in recognition of his service at a dinner at the Mid-Pines Inn in Southern Pines, N.C., where the Board had gathered to prepare the March examination.

Since December 1, 1977, Dave Claytor has held the position of Assistant Director of Pharmacy AHEC, serving as liaison between the Practitioner Instructors (PI's) and the School of Pharmacy. For the two years prior to accepting his current position, Mr. Claytor was a PI in his own Medical Center Pharmacy in Greensboro. He still maintains his home in Greensboro where his wife, Doris, is a private-duty nurse. To ease the commuting burden, he spends some of his time at his mother's historic Hillsborough home. Two or three times a week, if the weather is above 50°F with little wind, Mr. Claytor finds time for relaxing at golf.

Dave Claytor is a 1948 graduate of the UNC School of Pharmacy. With a touch of fatherly pride, he mentions that his daughter, Patsy, has recently accepted a position as hospital pharmacist in Elgin, Illinois; and his younger daughter, Susan, will finish with a B.S. in Pharmacy in May of this year.

WITH THE FACULTY

Dean Tom S. Miya represented the American Association of Colleges of Pharmacy at the 66th meeting of the National Drug Trade Conference in St. Thomas, Virgin Islands on January 10-13, 1979.

Raymond Jang, Associate Professor, Division of Pharmacy Administration coordinated activities of the Pharmaceutical Sciences Section of the American Association for the Advancement of Science at its 145th Annual Meeting in Houston, January 3-8, 1979.

Ralph Raasch, Assistant Professor, Division of Pharmacy Practice has recently published, "The Effects of Dextran 70 on Factor VIII Activity." Raasch's article appeared in the January, 1979 issue of the American Journal of Hospital Pharmacy and is included in the Journal's Continuing Education system.

Stephen Caiola, Associate Professor, Division of Pharmacy Practice and **David D. Claytor,** Clinical Assistant Professor, AHEC presented a seminar to the Guilford County Pharmaceutical Society in Greensboro, North Carolina on Wednesday, January 10, on the topic, "Drug Therapy of Bacterial and Fungal Infection of the Skin."

Fred Eckel, Professor, Division of Pharmacy Practice attended a meeting of the American Foundation for Pharmaceutical Education in New York City on Wednesday, January 17, 1979. Eckel also spoke to the Forsyth Pharmaceutical Association in Winston-Salem, North Carolina on Thursday evening, January 18, 1979, on the Report of the Task Force on Health Planning and Pharmacy Practice.

Jack Wier, Associate Professor, Division of Medicinal Chemistry recently has been elected to the position of Vice President/President Elect of the American Society of Pharmacognosy. The ASP is an international scientific society devoted to the promotion of investigations of drug substances produced by organisms.

Claude Paoloni, Associate Professor, AHEC, presented a talk on "Status of Continuing Education in Pharmacy," to the Wake County Pharmaceutical Society on January 9, 1979.

INTERN INTERVIEWS

Each year prospective employers are invited to visit the School to interview graduating students. This year the date of Friday, March 23rd has been selected.

The single day interview is necessary since approximately half of the 5/5 class is in rotation at various practice sites in North Carolina. Most students are able to return to Chapel Hill for these interviews on the one-day basis.

Last year about 10 chain, community, hospital and manufacturers were represented. This year it is anticipated that several more than that number will be on hand to interview the 100 graduates.

Any prospective employer is welcome to participate. Please call Leonard Berlow (919) 966-1211 well in advance of March 23rd to reserve an interview area.

SNaPhA

The Student National Pharmaceutical Association's chapter at UNC was restructured this past semester. The purpose of this organization is to educate its members as to the opportunities and requirements in pharmacy, to strive for high scholarship as well as to encourage participation in pharmacy activities and close cooperation between students and faculty.

The organization elected new officers, President—Keith Hatch, Vice President—Delrose Samuels, Secretary-Treasurer—Ramona Graham and then proceeded to rewrite the constitution. Dr. B. Wesley Hadzija and Mr. Moses Carey are the group's advisors. A membership drive was started and proved to be a success. The chapter more than doubled its membership.

Activities for the spring semester include, setting up a prepharmacy correspondence program between the chapter and predominately black colleges so that the chapter can keep other prepharmacy students aware of the requirements for admission to the pharmacy program, a hypertension screening clinic, and fund raising projects such as bake sales and other programs of community service.

ELI LILLY TRIP

—Charles Everett, 4/5 Student

On Saturday, November 18, the 4/5 pharmacy class left for Indianapolis to be guests of the Eli Lilly Company. After a sixteen hour bus trip we arrived at the Essex Hotel and received a cordial welcome from Eli Lilly.

On the morning of the 20th, we traveled to Lilly Center, the company's corporate headquarters. From a film presentation entitled, "Lilly Is," we learned the history of the company. Through the service attitude and determination of its proprietor, a small corner drug store in Indianapolis of a hundred years ago grew into the large pharmaceutical company that is Eli Lilly today.

After the film, we toured the pharmaceutical production departments, research labs and exhibition hall, where we recognized many processes of analytical chemistry already familiar to us from our courses. Our tour then took us to the insulin processing and storage facilities.

When we returned to the Center, James Gorrell, Director of Government Program, Kenneth Keating, Medical Information Administrator, and Ted Neal, Marketing Plans Associate, conducted a question-answer period. Afterwards, we returned to the Essex Hotel for a banquet and dinner.

The following day, we visited the pharmaceutical production departments at the Kentucky Avenue plant, where we saw thousands of capsules and tablets produced. We also toured Greenfield Laboratories, Lilly's agricultural and toxicology division. Here, researchers showed us how LD_{50}, ED_{50} and other concepts of pharmacology were being used in experimental animals. We also viewed specimens from genetic and drug-induced mutations.

After our visit to Eli Lilly Company, we all agreed it had been both an educational and worth-while experience.

NEW CARTOONIST

The cartoonist you have been enjoying lately is Jay M. Matthews, a 4/5 student at the UNC School of Pharmacy. From Nashville, North Carolina, Jay was the cartoonist for his high school newspaper. He is a member of the SAPhA and NARD with an interest in community pharmacy, but is still unsure of his future plans.

DRUG INFORMATION REPORTS

—Paul Williams, R.Ph.
Resident in Hospital Pharmacy

What advice would you give to someone going to Mexico or to a backpacker regarding the preparation of drinking water?

The main waterborne pathogens are the parasites giardia and amoeba, bacteria salmonella, shegella, cholera and diphtheria, and the infectious hepatitis virus. In order for water to be drinkable it must be free of these organisms as well as clear of sediment and chemical impurities.

There are four means of disinfecting water that can be used by the traveler or backpacker: boiling, chlorination, iodination, or filtration.

Boiling is the most effective means of disinfecting drinking water. Boiling at 100°C for twenty minutes will destroy all common waterborne pathogens. However, boiling is not always convenient and as altitude increases the boiling temperature of water decreases. The traveler mentioned above would be boiling water at 92°C in Mexico City.

Chlorination is usually used in the form of halazone tablets (available commercially from Abbott Laboratories). While chlorine is highly virucidal, bactericidal, and amoebacidal, it has numerous drawbacks. The efficacy of chlorine is affected by changes in pH, temperature, presence of organic matter, and particulate matter. Halazone in particular has a short shelf life and loses 75% of its potency when exposed to air for 48 hours.

Iodination is the best chemical method to use for the disinfection of water. Commercial products based on iodination are Potable Aqua (Wisconsin Pharmacal Co., New Berlin, Wisconsin) and Globaline (Badger Pharmacal, Inc., Cedarburg, Wisconsin 53012). The tablets contain tetraglycine hydroperiodide and one tablet in one liter of water yields a concentration of 8 ppm of titrable iodine. Tetraglycine hydroperiodide has a longer shelf life than halazone. When exposed to air for 96 hours it loses only 33 percent of its potency.

Resublimed iodine crystals U.S.P. can be used for preparing potable water. To use this method place 5 grams of iodine crystals in a clear one or two ounce glass bottle. Add water to this bottle and shake for thirty seconds, preparing a near saturated solution of iodine. Allow the iodine crystals to settle on the bottom of the bottle. Next pour 13.0 cc (°C) of the supernatant liquid into one liter of water. The 13.0 cc is measured by determining the volume of the cap and placing the appropriate number of capfuls into a liter of water. Wait 20 minutes and water is ready for drinking. If the water temperature is 3°C, twenty milliliters of the supernatant liquid must be added.

Iodine does not react with water pollutants to the same extent that chlorine does, it is effective over a broad pH range and has an extremely long shelf life. Iodine is effective against all waterborne parasites and bacteria. While iodination has not been shown conclusively to be effective against hepatitis virus, it has been shown to be effective against similar enteroviruses and is probably effective against the viruses of infectious hepatitis.

No fatalities have been reported by the ingestion of less than 15 grams of iodine. Filtration with a 0.22 micron millipore filter removes all bacteria and parasites but does not remove viruses. The advantage of filtering is that it removes particulate matter which is not penetrated by chemicals used for disinfection. Filtration apparati are bulky, inconvenient, and are usually used only by large expedition parties.

When possible one should boil water for 20 minutes and add iodine. If boiling is not possible the second best choice is iodination alone.

For references or further information, please contact the Division of Pharmacy Practice, UNC-CH School of Pharmacy, Chapel Hill.

GOOD PHILOSOPHY

"Lord, Thou knowest better than I know myself that I am growing older, and will some day be old.

"Keep me from being talkative, and particularly from the fatal habit I must say something on every subject and on every occasion.

"Release me from craving to try to straighten out everybody's affairs.

"Keep my mind free from the recital of endless details—give me wings to get to the point.

"I ask for grace enough to listen to the tales of others' pains. Help me to endure them with patience.

"But seal my lips on my own aches and pains—they are increasing and my love of rehearsing them is becoming sweeter as the years go by.

"Teach me the glorious lesson that occasionally it is possible that I may be mistaken.

"Keep me reasonably sweet; I do not want to be a saint—some of them are so hard to live with—but a sour old being is one of the crowning works of the devil.

"Make me thoughtful, but not moody; helpful, but not bossy. With my vast store of wisdom, it seems a pity not to use it all—but Thou knowest, Lord, that I want a few friends at the end."

Anon

PHARMACY WEEK-END

Plans are being finalized for Pharmacy Week-End in the spring. As in past years, the picnic will be at Storybook Farm on Friday afternoon. The event is scheduled on April 20th at 3:30 p.m. with all the hamburgers and hot dogs that you can eat. On Saturday, there will be tennis finals and softball games between organizations within Pharmacy School (Kappa Psi vs. Phi Delta Chi, Faculty vs. Students, etc.). Saturday night (April 21), we are planning a dance at the Legion Hut beginning at 9:00 p.m. All faculty, students, staff, and alumni are invited to the annual event.

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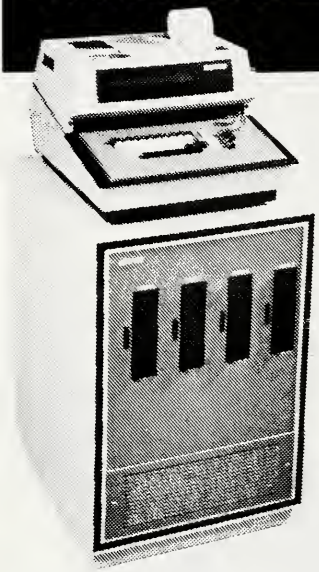

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PROGRAMS PARTICIPANTS—THIRTEENTH ANNUAL PHARMACY SEMINAR ON SOCIO-ECONOMIC ASPECTS OF PHARMACY PRACTICE

Front row, left to right: Panel members of a reactor panel were Priscilla Brown, Winston-Salem; Joseph A. Edwards, Jr., Raleigh; and Fred M. Eckel (Moderator), Chapel Hill.

Rear row, left to right: William F. Henderson, Health Systems Consultant, Raleigh; Lawrence B. Burwell, Director of the N. C. State Health Planning and Development Agency, Raleigh; and William H. Randall, Chairman, Committee to Revise the Pharmacy Practice Act, Lillington.

The one-day session, sponsored by the School of Pharmacy, UNC, and the N. C. Pharmaceutical Association, was held at the N. C. Institute of Pharmacy, Chapel Hill, on February 21. Seminar participants, who came from all areas of the state, totaled more than one hundred.

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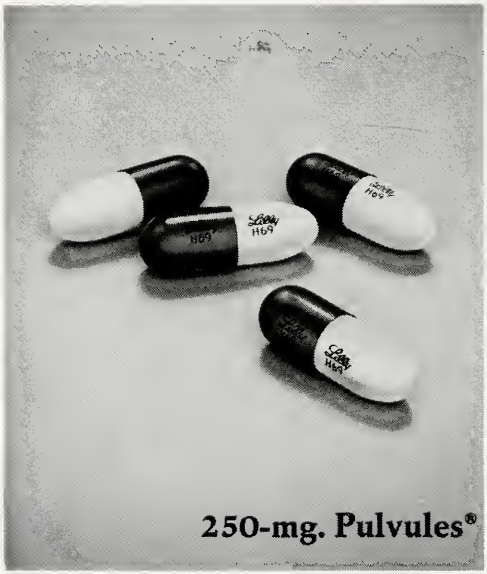

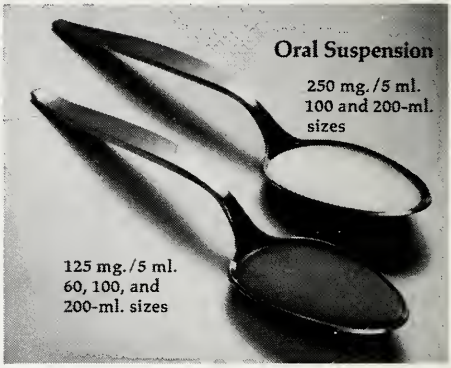

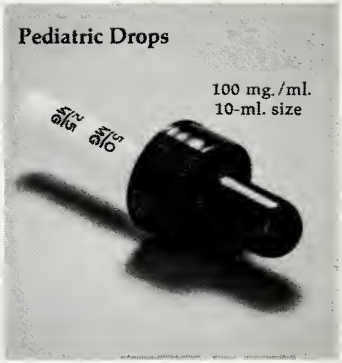

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(USPS 091-280)

March 1979 Volume 59 Number 3

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*From a special report reprinted from U.S. Pharmacist 2(9):13-23, 1977. "Pharmacy Law" by Michael R. Sonnenbach, J.D.

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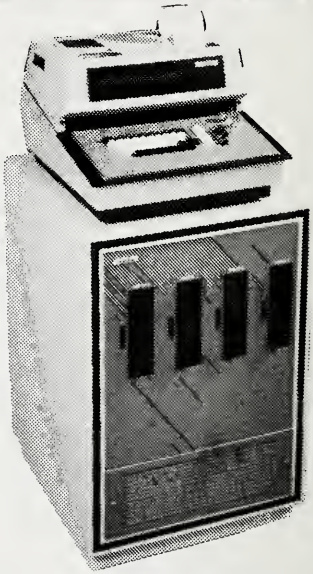

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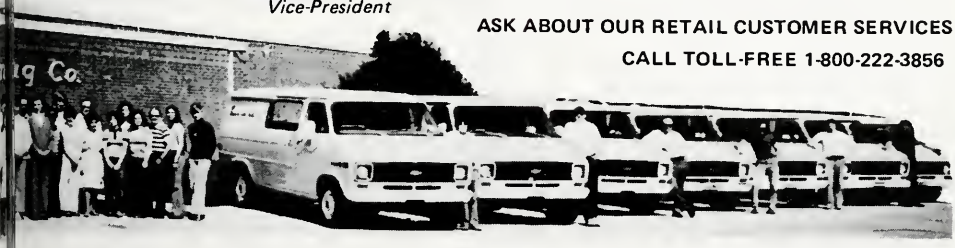

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CHLORAMPHENICOL

Chloramphenicol (Chloromycetin) has been found to inhibit the metabolism of several drugs, including phenytoin (Dilantin) and phenobarbital. It has been suggested that patients receiving chloramphenicol have the doses of both phenytoin and phenobarbital reduced in order to prevent accumulation of the drugs and subsequent toxicity. *CLIN PHARM*, Vol. 24, #5, p. 571, 1978.

FUROSEMIDE VS HYDROCHLOROTHIAZIDE IN HYPERTENSION

Hypertension patients received either furosemide (Lasix) or hydrochlorothiazide for three months in order to determine if there was a difference in their antihypertensive effects. Evaluation of the data led investigators to conclude that hydrochlorothiazide was somewhat more effective than furosemide in lowering systolic blood pressure. The researchers feel that increased activity is due to the fact that hydrochlorothiazide has a longer duration of action. *J AM MED A*, Vol. 240, #17, p. 1863, 1978.

IBUPROFEN

Ibuprofen (Motrin) has been given to patients with rheumatoid arthritis. One group received the drug (1600 mg daily) in two doses while the other group received the anti-inflammatory agent in four divided doses. Both groups noted improvement over placebo therapy, but investigators feel that the "bid" therapy worked as well as the "qid" therapy and thus the "bid" therapy should be employed more frequently—especially when patient compliance is inadequate. *CLIN THER*, Vol. 2, #1, p. 13, 1978.

ASPIRIN FOR MIGRAINE

A prospective, double-blind study has indicated that 9 of 12 people experienced over a 50% reduction in the frequency of migraine headaches while taking 650 mg of aspirin twice daily. Since platelet aggregation and subsequent diminution in platelet concentrations of serotonin are features of many migraine attacks, it seems possible that agents such as aspirin may be useful in preventing platelet aggregation and serotonin release and thus decrease migraine frequency. *LANCET*, Vol. II, #8101, p. 1179, 1978.

PROBENECID AND FUROSEMIDE

The effectiveness of furosemide (Lasix) in producing naturesis was measured in patients receiving probenecid (Benemid) and the results compared to those obtained from patients receiving furosemide alone. Data from this study indicate that the effectiveness of furosemide is decreased for 60 to 90 minutes after the two drugs are administered, but after 90 minutes the diuretic effect of the furosemide is enhanced. *CLIN PHARM*, Vol. 24, #5, p. 548, 1978.

DIABETES MELLITUS

Data gathered from a study of 68 long-standing diabetic patients have given investigators information which they feel might be helpful in learning about the origin of this disease. Based on analysis of plasma components, the authors of this article suggest that diabetes mellitus, especially the mature onset type, is actually produced by autoimmune phenomena. Information available suggests that Graves disease, Addison's disease and myasthenia gravis might also be associated with autoimmune disorders. *BR MED J*, Vol. 2, #6147, p. 1253, 1978.

THIAZIDE DIURETICS

Thiazide diuretics cause loss of sodium, potassium and magnesium but they conserve uric acid and calcium. An experiment was conducted to determine what effect, if any, the addition of magnesium to the regimen might have on the production of this ionic imbalance. Results indicate that low doses of magnesium salts may act to enhance the excretion of calcium in hypertensive subjects and thus reduce the risk of calcium-induced renal disease. *J CLIN PHARM*, Vol. 18, #11, p. 530, 1978.

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David D. Claytor, Assistant Director, University of North Carolina, School of Pharmacy, AHEC Program.

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   2. N. C. Drug Commission Agents
   3. Board of Pharmacy Inspectors
   4. Sheriff of the county in which pharmacy is located
   5. All of the above
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   2. Call the physician and tell him that he should increase the patient's Insulin dosage because of the drug interaction with Inderal.®
   3. Call the physician and inform him that a drug interaction exists between the use of Beta-Adrenergic blockers (like Inderal®)and Insulin indicating usually a need to reduce the Insulin dose.
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   1. $3.15
   2. $3.35
   3. $3.60
   4. $4.20
   5. $5.70

Answers on Page 35

U. S. SUPREME COURT DECIDES ROYAL DRUG CASE

The United States Supreme Court on February 27, 1979, rendered their decision in the Royal Drug litigation. In a 5-4 decision, the Court held that the "Pharmacy Agreements" entered into between Blue Cross/Blue Shield and prescription drug providers were not the "business of insurance." Therefore, the Pharmacy Agreements do not fall within the McCarran-Ferguson exemption to the anti-trust laws.

The Court did *not* decide whether the Pharmacy Agreements actually involved antitrust violations. This determination will have to be made after a trial in U. S. District Court. Because certain conduct or activity is not exempt from the anti-trust laws does not mean it is not legal. In fact, the Justice Department was of the preliminary position that the Pharmacy Agreements probably do not violate the anti-trust laws.

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Sallie Anderson Drake
Flossie Savage Dunston
Beth Truitt Edwards
Dorothy Gilbert Efird
Wanda Johnson Elliott
Donna J. Ellis
Peggy Rideout Ellis
Mary Thompson Estep
Delores Watson Estes
Gloria Ann Evans
Delphine Waddell Everhart
Janis Hatcher Fink
Mary Josephine Franklin
Deborah Underwood Freeman
Laura Marie French
Barbara Hill Garrison
Carol Zimmerman Garrison
Helen Reynolds Gibbs
Vernelle B. Gibbs
Katie Olive Gilbert
Linda Diane Glenn
Janice Rebecca Goings
Jessie Kelly Goins
Helen Chamblee Goodman
Margaret Elaine Goodson
Betty McKenzie Greene
Vickie Jane Greene
Gayle Miller Griffin
Emily Marie Brock Haas
Phyllis O. Hames
Margaret Kennedy Hancock
Pamela Cappola Hardy
Glenda Oldham Hargraves
Glendia Rochelle Hatton
Annie L. Hayes
Claudia Cagle Hayes
Martha Lillian Henderson
Marylin Ann Hervieux
Anna Allen Hill
Beverly V. Hill
Gloria Dunn Hilton
Linda Hill Hingenitz
Irene H. Hinton
Faye Griffin Hoffman

(Continued on Page 17)

Jeffrey A. Coleman — U. of Rhode Island
Ann Mary Tuft — North Dakota State U.
Lucinda Louise Maine — Auburn U.
Bruce E. Scott — U. of Wisconsin

Remember the summer of '78?

Last summer, four young people joined The Upjohn Company as part of the NPC Pharmacy Internship Program.

They added to their educational process . . . learned about manufacturing, quality control, pharmaceutical research, and marketing/sales.

We hope we answered their questions. Certainly, we took their suggestions to heart.

And when the 10 weeks were over, we parted knowing that we'll enjoy seeing each other in the years ahead.

And reminiscing about the summer of '78.

Upjohn

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Patricia Hasek Holcomb
Margaret Buchanan Holton
Audrey Hinton Honeycutt
Phoebe G. Hood
Josephine Nicholls Hookway
Dorothy Snell Howald
Carolyn Cue Howell
Westelle Keys Howington
Margaret Fredricka Hudson
Janice Carol Humphreys
Barbara Burris Huneycutt
Polly Wheless Hunt
Anne Norris Hunter
Sharol Bustle Ide
Lois Simmons Isler
Alicia Garcia Jackson
Patricia Bassett Jackson
Marie McSwain Jamerson
Linda Lee Jasinski
Jolene Crouch Jernigan
Kathryn Schmidt Johnson
Nora W. Mason Johnson
Linda Warren Jones
Marie Leete Jones
Sister Mary Adrian Kelly
Grace Elizabeth King
Nancy Green Kiser
Constance Powell Kitchen
Corinne Elaine Klaiman
Ginga Colclough Koehncke
Deborah Kaye Kornegay
Margaret I. Kruckemeyer
Mary Katherine Lackey
Marjorie Gorham Land
Jennifer M. Lang
Diane Ruth Lauver
Mary Whitesell Ledbetter
Ellen Marie Leonard
Jane Kankworth Lesesne
Elizabeth Y. Levy
Lois Ann Lewis
Russell Carl Lewis, Jr.
Barbara Jane Mayes Link
Sandra Frisco List
Rose Ann Littlejohn
Mary Louise M. Lloyd
Dora Connelly Loflin
Eleanor Hyett Lowe
Julia Norman Lowrimore
Faye Weldon Lynch
Lois B. MacDonald
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Mary Alice H. Mason
Linda Trollinger May
Bonnie Parker McCurry
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Sondra Louise McKellar
Maxine Currie McNeill
Susan Frank Meade
Helen Diane Meelheim
Peggy Miller Mercer
Edith Pierce Messer
Christena Marie Miller
Marguerite Judith Miller
Jane McCormick Mitchell
Marion Odell Mizell
Amie Modigh
Carolyn Ann Moore
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Tommie Anne Moore
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Earline Annette Jones Reel
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(Continued on Page 19)

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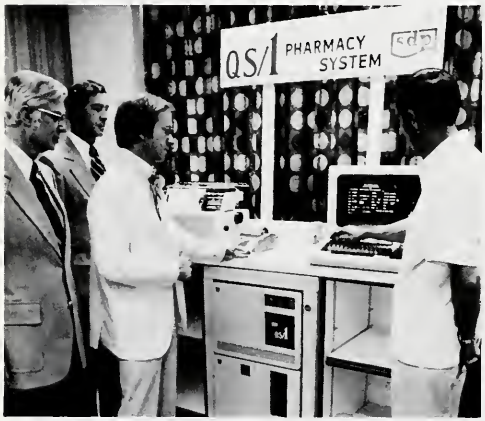

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Eula Rae G. Spencer
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Elizabeth Ann Straughn
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Susan Johnson Stroud
Mamie Williams Suddreth
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Elizabeth Pugh Summey
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On request, a representative of the I. C. System will explain the collection program in detail.

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THC

THC, the active ingredient found in marijuana, has been found to decrease salivary flow in animals by decreasing the release of acetylcholine to these glands. The possibility exists that marijuana smoking may increase the incidence of dental caries by decreasing salivary gland secretion. Experiments will now be designed to determine if other cholinergic nerve endings are affected in a similar manner by this compound. *J PHARM EXP,* Vol. 206, #3, p. 567, 1978.

MYOCARDIAL INFARCTION

Patients thought to be just about ready to experience an acute myocardial infarction were given an intravenous dose of propranolol (Inderal) followed by a large oral dose of the beta-adrenergic blocking agent. Physicians using this regimen feel that the use of propranolol in patients predisposed to myocardial infarctions is beneficial in preventing the impending infarction and subsequent cardiac damage. *LANCET,* #8096, Vol. II, p. 907, 1978.

MINOXIDIL

Minoxidil is a direct-acting antihypertensive agent which has been found to exert a profound effect on elevated blood pressures refractory to other therapy. The drug lowers blood pressure for about 3 months and maintains it at the lowered level for at least 30 months. The drug is most effective when used in combination with propranolol (Inderal) and furosemide (Lasix). The Upjohn Company is testing the new agent. *J CLIN PHAR,* Vol. 18, #10, p. 500, 1978.

METHADONE AND ETHANOL

Methadone is used to maintain patients addicted to the opiates. These patients often abuse ethanol and thus a study was conducted to determine what effect alcohol might have on the pharmacokinetics of the narcotic. Ethanol initially enhances cerebral effects of the narcotic by increasing its concentration in the brain. This is apparently not due to an inhibitory influence on the metabolism of the methadone. However, chronic administration of ethanol increases the rate at which methadone is metabolized by increasing the activity of the hepatic microsomal system and thus the half-life of the drug is decreased. *J AM MED A,* Vol. 240, #20, p. 2144, 1978.

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CHARLOTTE WOMAN'S PHARMACEUTICAL AUXILIARY

The Charlotte Woman's Pharmaceutical Auxiliary met Tuesday, 12:00 noon February 13, 1979 at the YWCA. Mrs. Dollie Corwin, President, presided. The devotional was given by Mary Davis.

Lynne Reyburn, associate executive director of the Park Road YWCA presented a film and discussion on "The YWCA in Action."

White ming trees with red hearts decorated the tables.

Mrs. Lucille P. Williams
Corresponding Secretary

ALAMANCE COUNTY

1979 Officers of the Alamance Pharmaceutical Society are:

President—Web McAdams
Vice-President—Jerry Kennedy
Sec.-Treas.—Jack Watts

MECKLENBURG COUNTY

1979 Officers of the Mecklenburg Pharmaceutical Society are:

President—Thomas G. Sinnett
Vice-President—Sylvia Stallings
2nd Vice-President—Elliott Giffin
Secretary—Martha Fankhauser
Treasurer—Wayne Rinehart

ELMORE JOINS BELLAMY DRUG

W. Keith Elmore, RPh, of Burgaw joined Bellamy Drug Company in Wilmington, North Carolina on February 26 as its Manager of Retail Services. Elmore has been employed for the past six years as Pharmacist-Manager of Dees Drug Store in Burgaw. He received his B. S. degree from UNC in 1972 and is an alumnus of Kappa Psi Pharmaceutical Fraternity. He is presently serving as Chairman of the NCPHA's Social and Economic Relations Committee.

As Manager of Retail Services, Elmore's main responsibilities will be promotion of Bellamy's Norand in-store computer system, electronic order entry system, and various other services offered to Bellamy's retail customers. In addition, he will be assisting in these programs with Bellamy's affiliate house, King Drug Company of Florence, Inc., Florence, South Carolina.

GUILFORD COUNTY

The Guilford County Society of Pharmacists met on Wednesday, February 14 in the Thompson Auditorium at Wesley Long Hospital in Greensboro. President, Randy Crawford, introduced the speaker for the meeting, Detective Lee Caviness, Narcotics Squad Leader of the Vice-Narcotics Division of the Greensboro Police Department. According to Detective Caviness, Greensboro pharmacists and police officers have been effective in controlling forged prescription sales by a cooperative program to alert pharmacy practitioners and narcotics squad personnel when a forgery is suspected. In 1978, 77 arrests were made in Greensboro for attempted filling of forged prescriptions. Talwin® was the primary drug involved in these cases. Detective Caviness explained that present laws dictate a felony charge for forgery of controlled drugs and that assignment of Talwin® to the Controlled Drug List may decrease the number of attempted forgeries. The Greensboro Police Department plans to publish a bulletin for local pharmacists and physicians which will advise medical personnel on trends in forgery, recent local forgeries and descriptions of suspects.

DAY CELEBRATES 50TH ANNIVERSARY

Day's Drug Store, Spruce Pine, is celebrating its 50th Anniversary this year.

Founded in 1929 by Dr. L. G. Day of Hemingway, South Carolina, the business is run today by his son, Harold Vann Day. The store opened at the corner of Locust and Crystal Streets, but moved into larger quarters halfway up the block in 1932. The present location was occupied in November 1951, when Dr. Day built a two-story building for the drug store.

In 1956, Day's Drug Store became an agent for the Walgreen Drug Company and in 1957 became a member of N. C. Mutual Wholesale Drug Company.

The pharmacy tradition of the Day family continues. Harold Vann Day, Jr. was graduated in 1978 with a B.S. in Pharmacy, and has successfully passed the Board of Pharmacy examinations. Another son, Chris, is a third year student in pharmacy school. Amanda is a junior at Mitchell High School.

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NORTH CAROLINA SOCIETY OF HOSPITAL PHARMACISTS NEWS

Editor: James C. McAllister, M.S.

PRESIDENTS MESSAGE

As President of the North Carolina Society of Hospital Pharmacists, I would like to provide the reader with an introduction to the Society, its history, purpose, goals, and future.

The Society was founded on March 29, 1952, by a group of nineteen dedicated hospital pharmacists in the state. The group affiliated with the American Society of Hospital Pharmacists to enjoy the benefits provided by a national organization. Some the pharmacists who were charter members were Gilbert Colina, Joseph Pike, William Taylor, Rudy Hardy, Hunter Kelly, and Halcyone Collier. A Constitution and a set of By-Laws were written by the charter group which, with some modifications and expansion, are still the basis for the functioning of the organization today.

From this modest beginning of nineteen pharmacists, the Society has grown over the years to a membership of almost four hundred members. Membership is held by individuals who are active in the practice of hospital pharmacy, as well as those having an interest in the profession, such as pharmaceutical manufacturers' representatives and students.

The North Carolina Society is renowned for being a very dynamic organization, both as a group as well as individual member effort. We are fortunate to have as members two past presidents of the American Society of Hospital Pharmacists, Milton W. Skolaut and Fred M. Eckel. A number of our members are or have been active in this organization in other positions. In addition, many of them are recognized nationally for their knowledge and expertise in the profession.

The goals and purpose of the Society are essentially the same as those established by the charter members. The Society seeks to promote the profession of pharmacy as an essential element of modern-day health care, and to offer the specialized skills and knowledge of the pharmacist to the patient, nurse, and physician. It also serves to improve the qualifications and effectiveness of the hospital pharmacist through high professional standards of ethics, continuing education, and promotion of research in pharmacy.

One of the most visible services the Society has to offer to its members are excellent programs for continuing education. We usually have at least four programs per year, which feature recognized speakers on a variety of subjects from administrative to the clinical practice of pharmacy.

We are proud of our Society, and see its future as one of achievement in furthering the practice of hospital pharmacy, as well as the profession of pharmacy in general.

Ken Burleson
President, NCSHP

As Mr. Burleson has noted, the North Carolina Society of Hospital Pharmacists is an active and growing organization. At the courteous invitation of Mr. Al Mebane, a bimonthly column will appear in *The Carolina Journal of Pharmacy* from our organization.

The purpose of this column will be to bring to the members of the NCPhA news from our Society and its members, including meeting announcements, personnel changes, and current issues facing the institutional pharmacy practitioner. Contributions are welcome and should be sent to Jim McAllister, c/o Duke University Medical Center, Department of Pharmacy, Box 3089, Durham, North Carolina 27710.

The NCSHP Winter Meeting was held on February 2 in Boone, North Carolina. Four recently introduced drugs [butorphanol tartrate (Standol®), metoprolol (Lopressor®), cefoxitin sodium (Metoxin®), and cefamandol nafate (Mandol®)] were presented individually by sponsored speakers after which a reactor panel of Society members questioned the speakers on specific points of interest. Panel members included Ed Frenier, W. J. Murray, Tim Poe, Bill Sawyer, Milt Skolaut, and Ed Webb. New officers of the NCSHP (see *Carolina Journal of Pharmacy*—January 1979) were installed at the banquet following the meeting.

Plans are currently being made for the spring and summer meetings of the NCSHP. Though plans for the spring meeting are incomplete, our annual summer program featuring presentations by pharmacy residents from Duke University, Moses Cone Hospital, the North Carolina Memorial Hospital, and the University of North Carolina School of Pharmacy will be held on June 22, 1979 in the auditorium of the Burroughs

(Continued on Page 24)

HOSPITAL PHARMACISTS NEWS

Wellcome Company in Research Triangle Park, North Carolina.

The Annual Meeting of the American Society of Hospital Pharmacists will be held in Anaheim, California on April 22-26. North Carolina representatives to the ASHP House of Delegates are Ken Burleson and Steve Dedrick. Among the many issues considered by the House is a proposed change in membership dues.

I would again like to thank Mr. Al Mebane and the members of North Carolina Pharmaceutical Association for extending the opportunity to regularly communicate with our community pharmacist colleagues.

ILLEGAL ACTS

Greenville

Greenville police are investigating a break-in at Beddingfield's Pharmacy which took place between 7 and 8 a.m. Wednesday, January 24th. A side door was broken open and an estimated $25.00 worth of drugs, including controlled substances was taken.

Roanoke Rapids

Drugs valued at approximately $500.00 were taken from Alexander's Franklin Street Pharmacy early Monday morning, January 15. Entry to the pharmacy was gained by breaking the glass on the front door. About 2,500 tablets, all controlled substances, were reported missing by pharmacist Clyde Alexander.

Kernersville

The front door of Stonestreet Drug was broken open and persons unknown took an undisclosed quantity of drugs, about 10:30 p.m. Friday, January 19. The local police arrived within minutes of the alarm, but the burglars had fled. The value of the missing items was not listed.

Four Oaks

Carter's Pharmacy was the scene of an armed robbery Tuesday night, January 24. A young man, wearing a ski mask pointed a small caliber automatic pistol at pharmacist Lee Carter and demanded money. The thief fled on foot with approximately $200.00.

COMMISSION CLARIFIES TRADE RULE ON OPHTHALMIC GOODS

Consumers who have had an eye examination must be given a copy of the prescription for the specified ophthalmic goods that have been recommended even if the prescription is for eyeglasses or contact lenses that are the same strength as the ones that the individual is wearing.

This interpretation was recently made by the Federal Trade Commission (FTC) to clarify the agency's Trade Regulation Rule (TRR) on the advertising of ophthalmic goods and services. According to the Commission's interpretation, "Once the doctor has determined that specific ophthalmic goods must be worn by a patient, a prescription for those goods must be offered to the patient."

EXPIRATION DATING UNDER DGMP REGS DELAYED FOR 6 MONTHS

An extension of the effective date concerning expiration dating under regulations which govern the manufacturing, processing and packaging of prescription drug products and Over-The-Counter (OTC) items has been granted by the Food and Drug Administration (FDA).

The new effective date of the expiration dating provision of this final rule which is commonly referred to as the Current Good Manufacturing Practice (CGMP) regulations has been postponed for six months until September 28, 1979. This extension of time was granted by FDA so that manufacturers will have sufficient time to deplete existing supplies of pre-printed labeling. All other requirements under the CGMP regulations are scheduled to become effective on March 28, 1979.

USP DRUG PRODUCT PROBLEMS REPORT*
No. 21

Published by the USP Convention, Inc.
12601 Twinbrook Parkway, Rockville, MD 20852 Tel. (301) 881-0666
Edited by Joseph G. Valentino, J. D.

1. *Product Mixups*

(a) A New York pharmacist who knew that 10 mg isosorbide dinitrate oral tablets were often white, suspected that the pink tablets he had received were 5 mg. The FDA confirmed his suspicions that 5 mg tablets were packaged in the bottles labeled as 10 mg. The product was recalled by the relabeler involved.

(b) A pharmacist from Pasadena, California noticed that tablets labeled as thiamine hydrochloride 100 mg were of varying thicknesses. The firm first responded that this was because the tablets were of soft composition and that the potency was not affected. But an inspection and a subsequent assay by the FDA revealed that the unit dose packages contained 50 mg tablets intermingled with the 100 mg tablets. The product was recalled.

(c) Based on a report from a Texas pharmacist, the FDA conducted an inspection that led to the recall of a dioctyl sodium sulfosuccinate product. The pharmacist had found a bottle of capsules of the stool softener labeled as gelatin capsules. The mixup between the two had occurred when they were both repacked on the same day and labeled on the next day. The firm had not maintained complete accountability of the labels for its products.

2. *Packaging Problems*

(a) A California pharmacist reported that his last two pints of an expectorant with codeine were improperly sealed and had noticeable leakage around the lid. Although the pharmacist commented that this was probably only a minor problem, the manufacturer pursued the problem to its source. According to an FDA account, the firm purchased a new capper and ordered four torque testers in response to this report.

(b) A Missouri pharmacist called on the DPPR WATS line to report that the Isopropyl Alcohol 99% in his stock was dissolving the lining of the cap and the seal of the bottles in which it was packaged. A letter from the manufacturer explained that products containing high concentrations of alcohol require a special cap that cannot be substituted. However, the packaging department had apparently used another cap in error. The packaging department was made aware of the special requirement and the problem was corrected.

(c) Analgesic rectal suppositories packaged in foil strips were not separating properly as a result of improper perforation. The suppositories were often exposed because of the tears that would result. The manufacturer verified these observations reported by a pharmacist in Washington, D. C. The problem was with dull perforating jaws on the wrapping machines. The maintenance department at the firm was to replace or sharpen the perforators to overcome the problem.

3. *Contaminations*

(a) Vitamin B Complex tablets with "remains of insect found in the bottom of a container" were reported by a Massachusetts hospital pharmacist. The manufacturer indicated that it

(Continued on Page 27)

*This report covers some of the recalls, product improvements, and explanations to which the Drug Product Problem Reporting Program has contributed. The product and company names are omitted; and no reflection on any specific manufacturer, distributor, reporter, or product is intended or should be inferred from the case studies. It is hoped that these examples will indicate to the reader some of the problem areas where he or she may want to be alert; e.g.: package insert information, package designs, labeling, unusual or improper drug product appearance.

The work upon which this publication is based was performed by the USP Convention pursuant to Contract No. FDA 223-78-3002 with the Public Health Service, Food and Drug Administration, Department of Health, Education, and Welfare. (This report is not copyrighted and permission is not needed to reprint case studies.)

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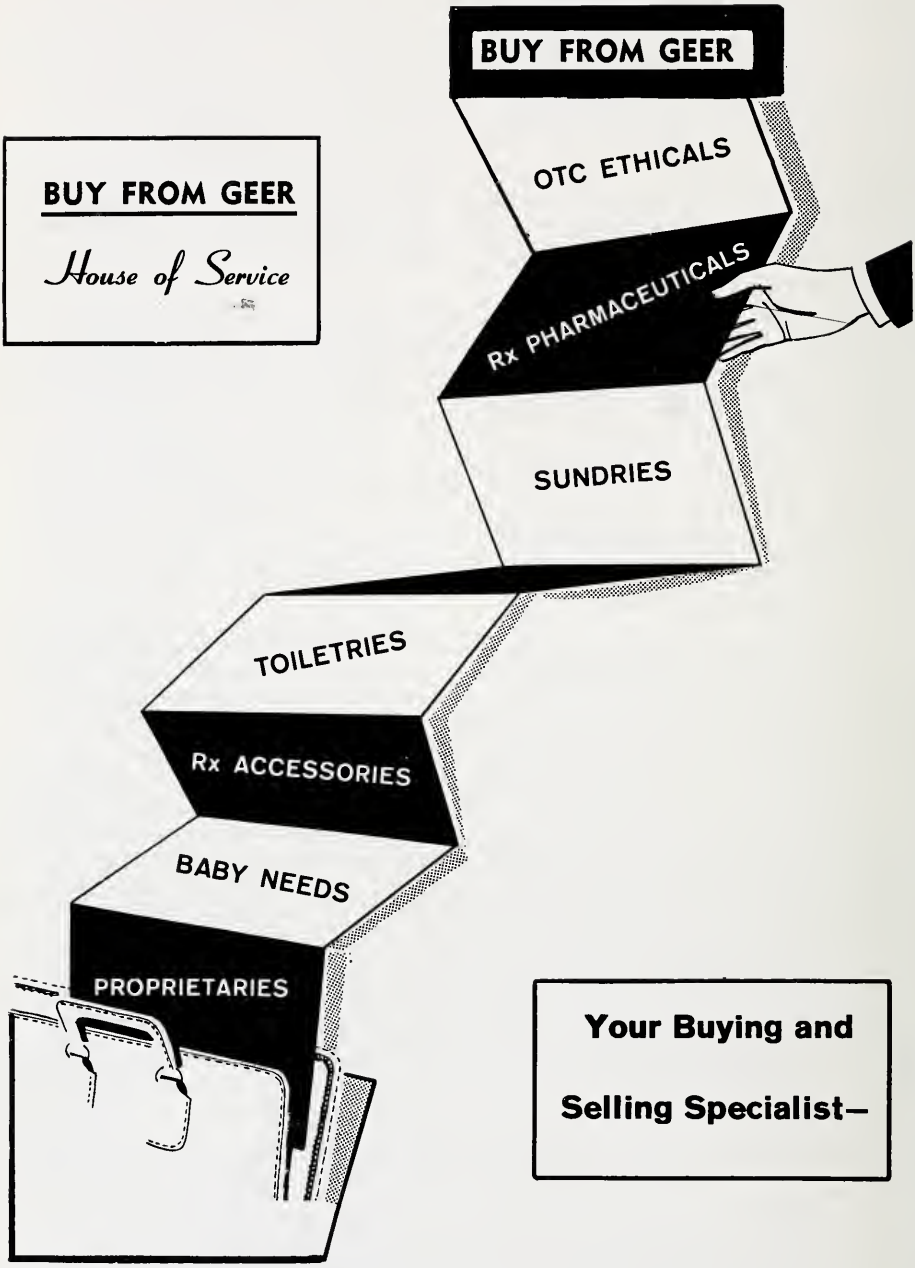

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took the following actions in order to prevent a recurrence: 1) authorized the installation of air curtains and insectorators and 2) conducted an employee training session in which the employees were updated and retrained on proper procedures to be maintained.

(b) An Oklahoma pharmacist reported finding two pieces of aluminum wire and a paper seal in a one pound jar of hydrocortisone cream. The firm informed the reporter that the materials had been used to cover the ends of tubing utilized in the manufacture of the product. Although the problem was an isolated incident and replacement material sent to the pharmacist was expected to be satisfactory, the manufacturing firm took the opportunity to use this DPPR as the topic of a Good Manufacturing Training presentation to its employees.

4. *Product Stability and Uniformity Problems*

(a) A customer returned a tube of vaginal cream to her pharmacist because it was crystallizing. The pharmacist reported the problem to USP and this prompted the firm to investigate. They confirmed that the crystallization had made the cream unsuitable for sale. The product was removed from the market until the source of the difficulty could be corrected.

(b) Two bottles of a potassium chloride liquid were a different color and the pharmacist felt the lighter one was abnormal. After evaluating this report and reviewing information in their files, the FDA conducted an inspection of the manufacturer. The inspection revealed that the firm failed to: 1) identify and hold rejected components, 2) establish laboratory controls that included the collection and retention of reserve samples of finished products, 3) provide for reconciliation between actual and theoretical yields, and 4) maintain complete records of oral or written complaints. A regulatory letter was issued by FDA to the firm citing these and other Good Manufacturing Practices (GMP) violations.

(c) A Georgia pharmacist reported that a green film-coated tablet was fading to a light tan. The manufacturer placed the blame on the blue color component which was known to be light-sensitive and proposed using another coloring agent and packaging the product in light resistant containers to eliminate the problem.

5. *Labeling Problems*

(a) The foil wrap on an acetaminophen 125 mg rectal suppository listed only the trade name and the strength in apothecary units. A Pennsylvania hospital pharmacist reported that the nurses were not familiar with the obscure trade name and consequently did not know what they were administering. The manufacturer responded that space limitations had originally dictated the labeling; however they were developing new foil packaging which will bear the generic identification.

(b) The label on the aminophylline injection read 250 mg, but did not indicate the volume that contained this quantity of drug. The pharmacist reporting this said it was unclear whether 250 mg was contained in one milliliter or in the total volume (10 ml) of the vial. The FDA conducted an inspection and determined that the firm had added "25 mg per ml" to the label to correct this situation.

(c) Bottles of a pediatric elixir were accompanied by a dropper for accurate administration of the drug. The package insert described the dropper as being "marked in divisions of 0.2 cc, each corresponding to 10 mcg" of drug. However, the dropper was actually graduated in 0.1 cc markings. The pharmacist reporting this discrepancy was worried that this could result in confusion when calculating doses. The manufacturer revised the package insert to properly describe the current dropper system.

(d) A Veterans Administration Hospital pharmacist noted that the label on multiple vitamin capsules described the ergocalciferol present as vitamin B instead of vitamin D. The FDA inspected the labels and the printing facilities to confirm the misbranding. The labeler recalled the product by letter.

(e) A sustained release theophylline capsule came in two strengths, but the strengths were listed in very small print and the remainder of the labeling was identical. The pharmacist reported that many errors were being made by the wholesaler in filling orders for the

(Concluded on Page 29)

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   Rx Volu[illegible]
   Inv[illegible]
   SOLD
   [illegible]s
   [illegible] North Carolina
   details

4. Volume: $165,000
   Rx Volume: $116,000
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   Price: $72,000 (includes all fixtures and equipment) Excellent terms
   Sandhills of North Carolina
   Owner is retiring and is anxious to sell.

5. Volume: $425,000
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   Inventor[illegible]
   Re[illegible] % of gross
   SOLD
   [illegible],500
   [illegible]cludes all fixtures and [illegible]ent)
   East[illegible] North Carolina

6. Volume: $134,000
   Inventory: $55,000
   Price: $65,000—good financing
   Building: 33′ x 120′ (plus basement and extra storage)
   Eastern North Carolina, across the street from a hospital and doctors' offices
   Owner wishes to retire and is anxious to sell

7. Volume: $750,000
   3 store chain in mountain area. All stores making profit even though 1 store is only 16 months old. No charges, no delivery. Great opportunity to really get into the pharmacy business and start making money immediately.

8. Volume: $160,00[illegible]
   Rx Volume: [illegible]
   Invent[illegible]
   2 [illegible]
   SOLD
   [illegible] $5,000
   P[illegible]
   Co[illegible]th Carolina

PHARMACY TECHNICIAN COURSE PLANNED AT FAYETTEVILLE TECH

A two-year pharmacy technician course was approved by Fayetteville Technical Institute Board of Trustees, Monday, January 22. The course will carry an associate degree of applied science, and is expected to be implemented this fall.

FTI President Howard Bourdreau, in announcing this course, said it took two years for the school to put the course together, with the assistance and cooperation of the UNC School of Pharmacy and the North Carolina Pharmaceutical Association. The course of study was developed with the guidance of the Department of Community Colleges, and will be a pilot program for the formal training of pharmacy technicians. The course is expected to draw 25 to 30 new students, as well as students already in certain science curricula.

HAGER AWARDED CITATION

George P. Hager, Dean Emeritus, UNC School of Pharmacy, has been awarded a Certificate of Appreciation for his service to the National Health Resources Advisory Committee by Joseph A. Mitchell, Director, Federal Preparedness Agency, General Services Administration.

The citation reads, "In recognition of dedicated service as a member of the National Health Resources Advisory Committee in advising the Director of the Federal Preparedness Agency, General Services Administration, on the development of policies, plans, and programs related to health preparedness for national emergencies."

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(Continued from Page 27)

USP DRUG PRODUCT PROBLEMS REPORT

article. The manufacturer stressed the importance of reading all labeling information carefully, but agreed that the labeling could benefit from revision. The print was to be enlarged to several times its original size to enable both pharmacists and wholesalers to identify the strengths with more ease.

(f) A pharmacist reported on the WATS line that the contraindications section in the package insert for a chloroquine phosphate tablet product did not make sense. The manufacturer determined that the printer had omitted a portion of the sentence during a revision in the insert. The copy was corrected and the inserts with the incomplete information were destroyed.

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AT
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Carolyn Clayton, Editor

ScRipt

DEAN'S MESSAGE

BUDGET

Where did you get that Carolina Blue pin? What an attractive pin; where did you get it and where can I get one? Most of you have seen this pin. It is not only attractive; it indicates that you are a Tarheel or a Tarheel supporter, and, furthermore, it indicates that you are a pharmacist committed to excellence.

The Foundation is using the pin to promote pharmacy, and a minimum gift of $25.00 will get you a pin. There are many who have responded more generously.

As the Dean of the School, the Secretary of the Foundation, and a pharmacist, my hope is that each and every North Carolina pharmacist will proudly wear the pin.

WITH THE DEAN

Dean Tom S. Miya attended the Board on Toxicology and Environmental Health Hazards, National Academy of Science, Assembly of Life Science Meeting in Washington, D. C. on January 31, 1979.

February 4, 1979, found him at the 100th Anniversary and rededication ceremony for Hall's Drug Store, Oxford, N. C. The institution is currently owned by J. B. Clay, a 1960 UNC School of Pharmacy graduate and a strong supporter of the School and its programs.

Dean Miya also attended the Editorial Advisory Committee meeting of Annual Review of Pharmacology & Toxicology held in San Diego, California on February 9-10, 1979.

On February 26, he travelled to Washington, D. C. for the National Academy of Science's Committee on Toxicology Information Programs of which he is Chairman.

NATIONAL POISON PREVENTION WEEK

Karen Hayes, 4/5 Student

In observance of National Poison Prevention Week, March 18-24, SAPhA is sponsoring displays in nine local pharmacies. These displays will cover such subjects as "Tips to poison-proof your home," "How to take your medicines correctly," What to do in case of an accidental poisoning." Pamphlets and brochures will be available for interested persons. The local chapter of the Red Cross Association has donated some pamphlets for this purpose.

In addition, on the evenings of March 19-22, student volunteers from the School of Pharmacy will be in attendance at a booth in University Mall, Chapel Hill to answer questions about poisonings. Also at the mall will be an exhibit of common household poison "look-alikes," i.e., poisonous items that look harmless. This will include such things as drugs that look like candy (iron tablets) and kerosine in a soda pop bottle. The students will be prepared to advise on the proper use of Ipecac in a poisoning situation. Some of the materials will be aimed at school-age children and other material will be designed for parents, in hopes of reaching all age groups.

13TH ANNUAL SOCIO-ECONOMIC SEMINAR

Seventy-seven pharmacists from all over North Carolina gathered in Chapel Hill on February 21, 1979, at the Institute of Pharmacy for the 13th Annual Seminar on Socio-Economic Aspects of Pharmacy Practice. The program, which provided five hours of continuing education credit, was co-sponsored by the UNC School of Pharmacy and the North Carolina Pharmaceutical Association.

A. H. Mebane, III, Executive Director of the North Carolina Pharmaceutical Association moderated during the morning session, which concerned current trends in pharmacy in North Carolina.

William F. Henderson, Health Systems Consultant from Raleigh discussed the future of North Carolina's health care. Henderson suggested that unless pharmacists become integrated into the health care system their role may be ignored in the future.

Lawrence B. Burwell, Director of the North Carolina State Health Planning and Development Agency in the Department of Human Resources in Raleigh discussed the Task Force Report on Health Planning and Pharmacy Practice. He identified that health planning will assume an even more essential role in regionalization of health care services. He congratulated pharmacy for the Task Force and encouraged pharmacists to continue to take an active role in Health Systems Agencies.

William H. Randall, from Lillington and Chairman of the Committee to Revise the Pharmacy Practice Act presented an update on the status of the Board of Pharmacy's licensure and revision efforts.

Herman W. Lynch, 1978-79 President of the North Carolina Pharmaceutical Association, moderated during the afternoon session.

Kurt Landgraf, a Corporate Economist with the Upjohn Company of Kalamazoo, Michigan suggested that as goes the industry—so goes the profession of pharmacy. Therefore, pharmacists should be actively involved in legislative matters affecting the industry. He also mentioned several points of the Drug Regulation Reform Act, which would have a strong impact on pharmacy, including patient package inserts (PPI's) and limited distribution of selected drugs. More importantly, he cautioned that decisions made now on a premise to save dollars may cost society in the future, because new drugs may not be discovered.

Steve Moore, with the Food and Drug Administration, assured us that the Federal Government is committed to a program of developing PPI's for most drugs, even though many questions are not yet answered. He encouraged pharmacists to accept PPI's and gave assurance that the issue is being studied and that more answers will be forthcoming in the Federal Register.

Robert W. Ritter, Resident in Pharmacy Practice, closed the meeting with presenting the pharmacist's dilemma, i.e., drug product selection. In attempting to procure quality drug products in economical terms, the pharmacist is caught in the middle of a tug-of-war between the proponents of cheapest price and the proponents of excessive quality. While the pressure exerted by each side becomes stronger, the answer to the question, "Quality at what price?" remains elusive. Data supporting the view that all similar products and all manufacturers are equal in quality is questionable, as is the data supporting the view that only large, research-oriented firms can produce quality products. To help solve the dilemma of drug product selection, it is proposed that pharmacy organizations (local, county, or state) maintain manufacturer profiles containing quality control, service, and sales data. By making this data available to their membership, the professional judgment which must be made in product source selection will be more objective.

KE UPDATE

Paula Barfield, Historian

This semester Kappa Epsilon has been busy preparing for the Province meeting to be held at the UNC School of Pharmacy, March 16-18. This meeting, which is held every two years, involves women pharmacy students from other schools who gather to discuss their ideas relevant to women in pharmacy. This issue is of growing importance since more than half of our student body is women.

Other KE projects involve a bimonthly hot dog sale as a money making project. Approximately 140 hot dogs are sold each time bringing in approximately $40.00 each sale. As part of our professional duties, KE members will be taking a course in February to become CPR certified.

UPCOMING HARTUNG LECTURE

The 11th Annual Walter H. Hartung Memorial Lecture will be held on April 18, 1979, at 7:30 p.m. in 111 Beard Hall, the auditorium of The School of Pharmacy. This year's guest speaker is George deStevens, Ph.D., Executive Vice President and Director of Research, Pharmaceuticals Division at CIBA-GEIGY Corporation. The topic of his lecture will be "Medicinal Control of Degenerative Vascular Diseases—Whence and Whither."

Dr. George deStevens is a Fellow of the New York Academy of Sciences for outstanding achievement in Chemistry. In 1966 he was the recipient of an Outstanding Achievement Award in Science from the Fordham College Alumni Association.

At CIBA, he has been primarily responsible for the discovery of two widely used diuretics, namely, hydrochlorothiazide and cyclopenthiazide. For the past fifteen years these drugs have been extensively used in clinical medicine in alleviating edema, overcoming congestive heart failure and lowering blood pressure in hypertensive patients.

In the merged CIBA-GEIGY Research and Development Department, Dr. deStevens is responsible for the discovery and development of new drugs from the discovery phase in Chemistry directly through all aspects of Biology and Medicine to the submission of an NDA. In the past eight years, Dr. deStevens has led Research teams which have developed *RIMACTANE*, which is a cure for tuberculosis, *CELOSPOR*, a broad spectrum antibiotic, *SLOW-K*, for potassium deficiencies, in cardiovascular disorders, *APRESAZIDE*, a new antihypertensive agent, *TEGRETOL* for the treatment of epilepsy, *LIORESAL*, an antispastic agent, and *LOPRESSOR*, an antihypertensive.

He is the author of two books, *Diuretics, Chemistry and Pharmacology* and *Analgetics, An Edited Treatise*, both published by Academic Press. Dr. deStevens is also Editor of a series of Monographs on Medicinal Chemistry. Presently twenty-six books have been published in this series. He is author and co-author of 110 published papers and 100 patents in the field of synthetic organic and medicinal chemistry.

Dr. deStevens has given numerous lectures on drug research at universities in this Country and in Europe, India, and Japan. In 1967 he was selected as one of the eight chemists throughout the world to deliver a plenary lecture to the First International Congress on Heterocyclic Chemistry, held at the University of New Mexico. He also was invited to deliver the principal lecture on Natural Products Research in the Pharmaceutical Industry at the International Union of Pure and Applied Chemistry meeting to be held in Varna, Bulgaria, September 23-27, 1978.

Dr. deStevens is a member of the American Chemical Society, Sigma Xi (Kappa Chapter), the American Institute of Chemistry, American Association for the Advancement of Chemistry, Phi Lambda Upsilon, and the New York Academy of Sciences. He is a member of the Board of Trustees of St. Barnabas Center in Livingston, New Jersey, a member of the Board of Trustees of the American-Swiss Foundation for Scientific Exchange and also a member of the Executive Council of the Association of Research Directors.

PRE-PHARMACY SEMINAR

Jan Lassiter, 4/5 Student

In spite of the crisp air and icy roads, more than fifty students and faculty members attended a reception and career seminar for all pre-pharmacy students on the night of January 31. The informal gathering, held in the reading room of Beard Hall, was sponsored by the UNC School of Pharmacy in celebration of Major Declaration Days. Hoping to better inform the pre-pharmacy student about different areas of pharmacy, a panel of five speakers discussed their specific areas of interest.

Peggy Gebhardt, AHEC Pharmacist, spoke on her role in hospital pharmacy; William Wicker discussed his community pharmacy practice in Greensboro; and Steve Caiola from the School's faculty explained the pharmacist's responsibilities in ambulatory care. Also speaking at the seminar were Steve Coltrin from Burroughs-Wellcome who emphasized the area of industrial pharmacy, and Julian Upchurch from Durham who talked about his role as a practitioner-instructor in the Pharmacy 92L program. Afterwards, the students discussed various issues with the panel in order to obtain a better understanding about the changing field of pharmacy.

WITH THE FACULTY

Robert L. Smith, Assistant Director of Pharmacy, AHEC, UNC School of Pharmacy, has recently been elected to a 3-year term on the Board of Tellers (Elections Committee) of the North Carolina Pharmaceutical Association. The first meeting is planned for late spring.

Dr. R. Stephen Porter, Assistant Professor, Division of Pharmacy Practice, UNC School of Pharmacy, presented a program for hospital and clinical pharmacists on drug-induced liver diseases, in Greensboro, N. C. on January 24, 1979. The program was sponsored by the Pharmacy Department at Moses H. Cone Memorial Hospital, the Greensboro-AHEC and the UNC School of Pharmacy. **Dr. Porter** is also participating in a clinical pharmacy fellowship program at the Lilly Research Laboratories in Indianapolis, Indiana, during the month of February. The program is under the direction of Louis Lemberger, Ph.D., M.D., Director of Clinical Pharmacology for the Lilly Research Laboratories.

Mr. Fred M. Eckel, Professor, Division of Pharmacy Practice, UNC School of Pharmacy, attended the Unit-of-Use Packaging Conference sponsored by the Department of Health, Education & Welfare in Washington, D. C. on January 24-26, 1979. **Mr. Eckel,** and **Mr. Robert Ritter,** Resident, attended the 13th Annual Socio-Economic Seminar sponsored by the UNC School of Pharmacy and the North Carolina Pharmaceutical Association, held at the Institute of Pharmacy on February 21, 1979. Mr. Eckel with residents **Marita Quigley, Debbie Montague,** and **Gary Gallo,** attended the Tenth Annual Regional Conference for Hospital Pharmacy Teachers, Residents and/or Graduate Students at the University of Georgia School of Pharmacy in Athens on February 23-25, 1979.

Dr. Ralph H. Raasch, Assistant Professor, and **Ms. Jannet Carmichael,** Clinical Instructor Division of Pharmacy Practice, UNC School of Pharmacy, spoke at the One-Day Seminar on Selected Topics in Pharmacy Practice held at the Cameron Education Center in Wilmington, N. C. on January 28, 1979. **Dr. Raasch's** topic was, "Drug Therapy of Seizure Disorders" and **Ms. Carmichael's** topic was Oral Theophylline Therapy." The seminar was sponsored by the Wilmington-AHEC, the New Hanover County Pharmaceutical Society and the UNC School of Pharmacy.

Drs. Lawrence J. Hak, Assistant Professor, **Stephen Porter,** Assistant Professor, and **Ralph H. Raasch,** Assistant Professor, **Ms. Cindy Dunham,** Clinical Instructor, and **Ms. Kathleen M. Teasley,** Fellow Trainee, Division of Pharmacy Practice, UNC School of Pharmacy, attended the Third Clinical Congress of the American Society for Parenteral and Enteral Nutrition held in Boston, Massachusetts on January 30-February 3, 1979.

DRUG INFORMATION REPORTS

New Analgesics for the Future?

Researchers are now studying the interactions between the opiate receptor and endogenously produced opiate-like compounds. One goal of the research is to produce a drug which relieves severe pain without causing addiction.

The enkephalins and endorphins are two groups of endogenous opiate-like compounds under study. It has been postulated that the release of these types of compounds plays a major role in maintaining normal behavior, inducing sleep, and mediating the placebo response.

Several workers are attempting to identify more potent and stable endogenous opiate-like compounds to use as non-addicting analgesics. Others are directing their efforts in search of a compound which will inhibit the body's enzymatic destruction of endogenous opiates. Whether a "wonder drug" will be developed remains to be seen, but many researchers are presently very excited about the possibility.

For references or further information, please contact Gary Gallo, Pharmacy Resident, Division of Pharmacy Practice, UNC School of Pharmacy.

AN ACTRESS IN OUR MIDST

Elizabeth (Beth) Price, a secretary in Pharmacy Administration since September, has been chosen as a member of the cast for the Durham Savoyard's production of "Ruddigore," a comic opera by Gilbert and Sullivan, to be given at Page Auditorium (Duke) on April 20-21 and at Stewart Theatre, Raleigh on April 28. Beth has been active as a singer and dancer in theatrics for the past fifteen years, including two years with the Washington Modern Dance Society in Washington, D. C.

After receiving a degree in French from the University of Iowa and studying German at the Goethe Institut in Germany, Beth worked as an international stewardess for Pan American Airlines. She also worked for a lobbying organization in Washington, D. C. and the American School in London before moving to Chapel Hill. She has two small daughters.

DR. HAGER RECOGNIZED FOR SERVICE

Dr. George P. Hager, Professor of Medicinal Chemistry and a former Dean of the School of Pharmacy has recently received a Certificate of Appreciation from the Federal Preparedness Agency of the General Services Administration in Washington, D. C. in recognition of his contributions as a member of the National Health Resources Advisory Committee since 1969. The Committee, which has assisted in the development of policies, plans, and programs related to health preparedness for national emergencies, went out of existence in January 1979. This action is a preliminary step in the consolidation of Federal civil emergency activities and is part of the new Presidential Reorganization Project. The creation of a new advisory committee is being considered, but plans are not yet final.

SOUTH AFRICAN VISITOR

Professor Reg Miller, Chairman, Department of Pharmacology, University of the North, Republic of South Africa visited the UNC School of Pharmacy from January 30-February 1. His stop here was part of a two-month long tour of 20 colleges of Pharmacy in the United States. His university is in the process of developing background information to aid in revising its curriculum toward a more patient-oriented pharmacy practice.

Although he was quite impressed with the whole School of Pharmacy, Professor Miller was particularly pleased with his orientation to the AHEC pharmacy program and the Orange-Chatham Comprehensive Health Services. He felt that these two programs were quite unique and that they held many concepts applicable to his largely rural territory.

ELKIN

Royall Drug Store was broken into Saturday night, February 17, and a quantity of valium, valued at $300, was taken.

The burglar broke nine glass panes in the back door to gain entry and also broke out the glass in a second door.

GASTONIA

Revco Discount Drug Center was robbed Wednesday night February 21, and a single bottle of Percodan was stolen.

A witness saw a man break a glass door to enter the store about 11:00 p.m., jump the counter into the prescription department and take the bottle of Percodan.

CORRECT ANSWERS

1. (3) Goodman and Gilman: "Pharmacological Basis of Therapeutics," faith edition, p. 706. "The myocardial stimulation associated with hydralazine administration can produce anginal attacks and ECG changes characteristic of myocardial ischemia. The drug must be used with caution."
2. (3) Pharmacy laws of N. C. G.S. 90-70 and N. C. Board of Pharmacy rules and regulations 46-0303.
3. (3) "Drug Interactions" by Phillip D. Hansten, third edition, pp. 11-12. "Although the mechanism is underminded, it is well established that propanolol blunts the rebound of blood glucose following insulin-induced hypoglycemia.
4. (2) Goodman and Gilman: "The Pharmacological Basis of Therapeutics," fifth edition, pp. 769-775.
5. (2)
   $9.50 less 5% = $9.03
   $9.03 less 2% = $8.85
   $8.85/100 x 24 = $2.12 cost of 24 tablets
   $2.12 ÷ 63% = $3.37
   $3.37 − $2.12 = = $1.25 gross profit
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RPh seeks position in Greensboro area beginning March. Experienced in hospital with combined in-patient/out-patient pharmacy. Contact Gary Watson, 213 Beech Street, Williamston, NC 27892. Telephone: (919) 792-5247.

RELIEF PHARMACIST

Due to illness of pharmacist owner, management position open for a pharmacist from late March to June. Additional information by calling Mrs. Tom Kirkpatrick, Plymouth, North Carolina. Telephone (919) 793-9981. (pharmacy) or (919) 793-9227 (residence).

LICENSED IN 1929?

If your original pharmacy license was issued in 1929 and you are a member of the North Carolina Pharmaceutical Association, the NCPhA has plans to honor you in Raleigh on Sunday, May 27th, as part of the 99th annual meeting.

Pharmacists completing their 50th year will be inducted into the NCPhA 50 Plus Club, and will receive a certificate and 50 year pin.

The records of the 50 Plus pharmacists were compiled through the cooperation of the N. C. Board of Pharmacy and do not include those pharmacists who may have been licensed in another state in 1929 prior to moving to North Carolina. If you were first licensed in another state in 1929, are a member of the NCPhA, or know of such pharmacists, please write the NCPhA office in Chapel Hill.

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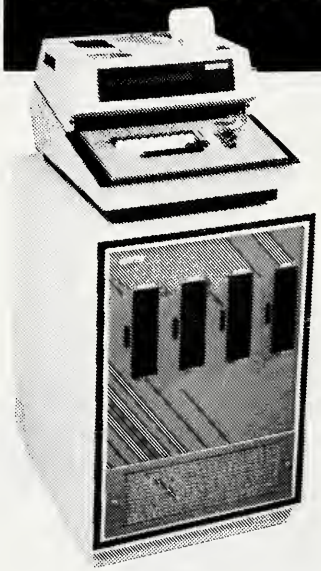

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Number 4

Volume 59

April 1979

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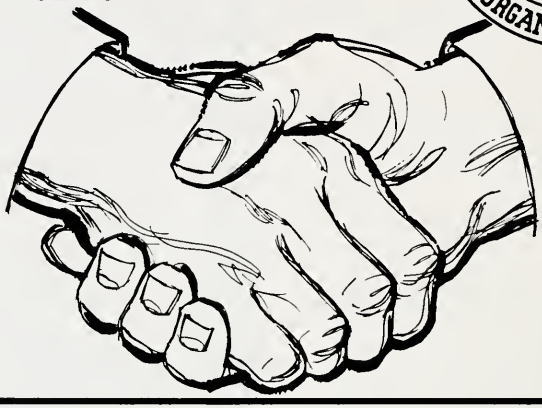

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(USPS 091-280)

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1979 CONVENTION-IN-BRIEF

99th Annual Meeting

N. C. Pharmaceutical Association & Affiliated Auxiliaries

Royal Villa

Raleigh, North Carolina

SUNDAY, MAY 27

10:00 a.m.-6:00 p.m.	Registration Desk Open	Royal Kings Hallway
10:30 a.m.	N. C. PharmPAC Meeting	Meeting Room "F"
*12:00 Noon	BUFFET LUNCHEON *OPENING SESSION* *Call to Order* *Award Presentations*	Fiesta Brava Room
2:00 p.m.	NCPhA Business Session	Kings Hall #1
2:00 p.m.	Woman's Auxiliary Business Session	Kings Hall #3
2:00 p.m.	TMA Board of Governors and Foundation Meeting	Kings Hall #2
3:30 p.m.	TMA Business Session	Kings Hall #2
3:30 p.m.	Woman's Auxiliary Tea	Kings Hall #3
*7:00 p.m.	BON VOYAGE DINNER *Award Presentations* *Cruise Briefing* *Pharmacist-of-the-Year Announcement* *Installation of Officers*	Fiesta Brava Room

MONDAY, MAY 28

Airline flight to Miami, Florida for Bahama Cruise aboard Sunward II

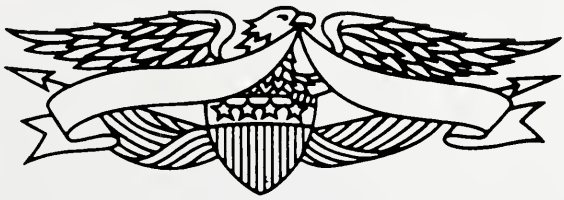
TUESDAY, WEDNESDAY, THURSDAY
MAY 29-MAY 31

Continuing Education Seminars aboard ship include programs presented by pharmaceutical manufacturers and others on drug therapy, interactions, management and related topics to serve as a stimulus for professional improvement.

FRIDAY, JUNE 1

Return to Miami, Florida for airline flight home.

**Reservations and tickets through the NCPhA Office.*



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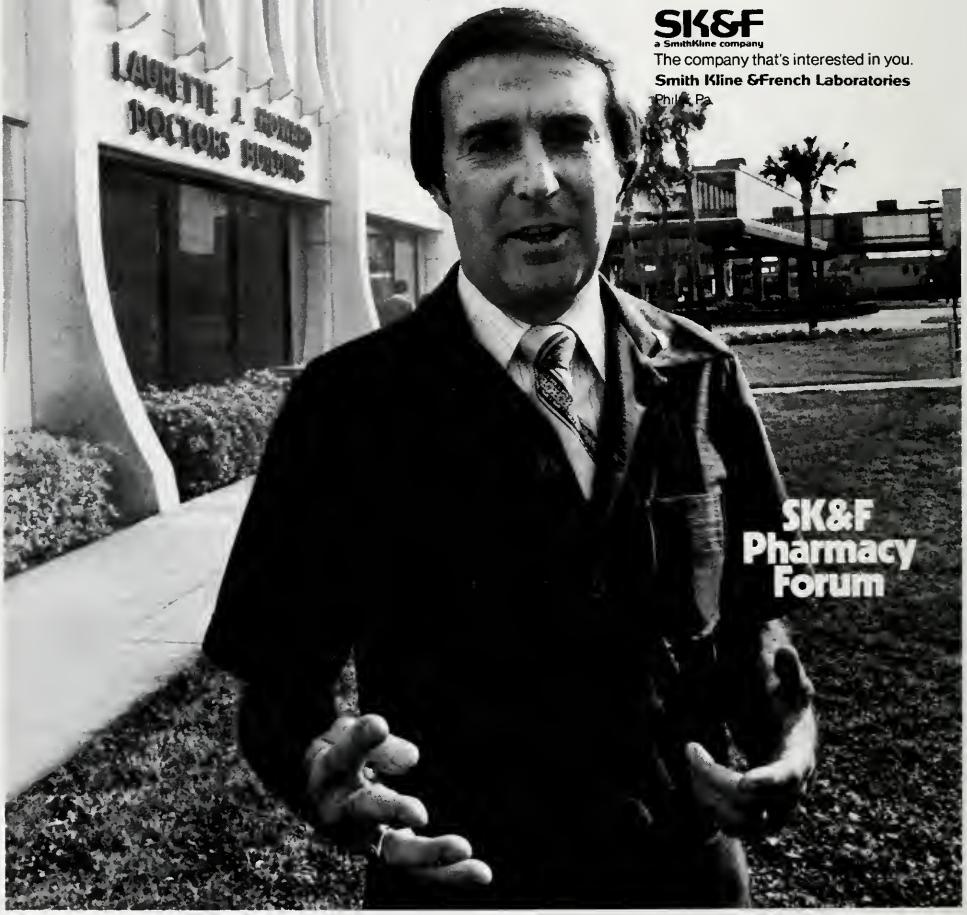

CONVENTION PROGRAM

99TH ANNUAL MEETING
NORTH CAROLINA PHARMACEUTICAL ASSOCIATION

Royal Villa Hotel and Convention Center
Raleigh, North Carolina

OFFICERS 1978-1979
NORTH CAROLINA PHARMACEUTICAL ASSOCIATION

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First Vice President ..... Joe C. Miller, Boone
Second Vice President ..... Jack G. Watts, Burlington
Third Vice President ..... Marshall Sasser, Smithfield
Secretary-Treasurer & Executive Director ..... A. H. Mebane, III, Chapel Hill
Director Emeritus & Consultant ..... W. J. Smith, Chapel Hill

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Barney Paul Woodard, Princeton
Eugene W. Hackney, Lumberton
L. Milton Whaley, Durham

SUNDAY, MAY 27
OPENING SESSION

Noon — Fiesta Brava Room

Jack G. Watts, Convention Chairman, *Presiding*

INVOCATION
L. Kenneth Edwards, Jr.

CALL TO ORDER
N. C. Pharmaceutical Association—Herman W. Lynch, *President*
Woman's Auxiliary, NCPhA—Mrs. Milton Skolaut, *President*
Traveling Member's Auxiliary, NCPhA—W. H. Andrews, *President*

AWARD PRESENTATIONS
"Fifty-Plus Club"—presented by President Lynch
Syntex Practitioner—Instructor of the Year Award—presented by Tom S. Miya, Dean, UNC School of Pharmacy
Pharmacist's Mate—presented by Lynn Tew, Professional Sales Representative, Geigy Pharmaceuticals
N. C. Academy of Pharmacy Induction—by President Lynch
E. R. Squibb Presidential Award—presented by Robert A. Schafer, Division Manager, E. R. Squibb & Sons, Inc.
NARD Pharmacy Leadership Award—presented by Jesse M. Pike
Adjourn to Business Sessions

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The pharmacist and the pharmacist's employer, if any, provides Pfizer with prompt notice of the claim or lawsuit and fully cooperates with Pfizer in the defense of the claim or lawsuit.

Pfizer PHARMACEUTICALS

AFTERNOON BUSINESS SESSION

Two o'clock Kings Hallway #1

Herman W. Lynch, President, *presiding*

CALL TO ORDER

IN MEMORIAM—(Rite of the Roses)—L. Milton Whaley

THE PRESIDENT'S ADDRESS—Mr. Lynch

THE NORTH CAROLINA BOARD OF PHARMACY REPORT—David R. Work, Secretary-Treasurer

THE UNC SCHOOL OF PHARMACY AND THE PHARMACEUTICAL RESEARCH FOUNDATION—Tom S. Miya, Dean

THE STUDENT BRANCH OF THE N.C. PHARMACEUTICAL ASSOCIATION—Gail Molic, President

NOMINATIONS

COMMITTEE REPORTS

RESOLUTIONS

REPORT OF THE EXECUTIVE DIRECTOR—A. H. Mebane, III

CLOSING SESSION

Seven o'clock Fiesta Brava Room

Jack G. Watts, Convention Chairman, *presiding*

INVOCATION

The Reverend John B. Boyd, Associate Pastor, First Presbyterian Church, Raleigh, NC

WELCOME

Herman W. Lynch, *presiding*

AWARD PRESENTATIONS

McKesson-Robbins Presidential Award—presented by Michael Vaughan, McKesson & Robbins Drug Company

Don Blanton Award—presented by Jesse M. Pike

Bowl of Hygeia Award—presented by Norman D. Schellenger, Manager, South Atlantic Division, A. H. Robins Company

TIME AND PLACE COMMITTEE REPORT—Ralph Ashworth

CONVENTION ATTENDANCE REPORT—Tom R. Burgiss, Registrar

CRUISE BRIEFING—Katherine Hopkins, Travel Agent

PHARMACIST-OF-THE-YEAR ANNOUNCEMENT—President Lynch

INSTALLATION OF OFFICERS (Woman's Auxiliary, TMA, NCPhA)—Robert B. Hall

ADJOURNMENT

ANYONE WISHING TO SUBMIT A RESOLUTION FOR CONSIDERATION AT THE 1979 ANNUAL MEETING, PLEASE HAVE IT IN THE OFFICE OF THE NCPhA BY MAY 14, 1979.

LOOK WHAT'S BECOME OF THE MORTAR AND PESTLE.

It's where pharmacy is today. And tomorrow's pharmacists are learning about it right now.

Change is constant in the pharmaceutical industry. New classes of drugs are being developed. Computer technology is expanding horizons from research to drug synthesis to final manufacture. New precision equipment is helping to produce consistently reliable products. New marketing techniques are evolving. And new government regulations are being proposed which could affect the way pharmacy is practiced.

These changes are taking place at a rapid pace—so rapid, in fact, that the Pharmaceutical Manufacturers Association has created a unique educational program to help keep pharmacy school faculty, students and practicing pharmacists aware of current industry practices.

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For more information write to PMA, attention: Dr. John S. Ruggiero.

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WOMAN'S AUXILIARY, NCPhA

52nd ANNUAL CONVENTION

Mrs. Jerome K. Johnson, *Convention Chairman*

Sunday, May 27

10:00 a.m.-6:00 p.m.	Registration Desk Open	Royal Kings Hallway
*12:00 noon	Buffet Luncheon (Opening Session)	Fiesta Brava Room
2:00 p.m.	Woman's Auxiliary Business Session	Kings Hall #3
3:30 p.m.	Woman's Auxiliary Tea	Kings Hall #3
* 7:00 p.m.	Bon Voyage Dinner (Closing Session)	Fiesta Brava Room

WOMAN'S AUXILIARY, NCPhA

President ..... Mrs. Milton W. Skolaut, Chapel Hill
First Vice President ..... Mrs. Marshall Sasser, Smithfield
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Recording Secretary ..... Mrs. Henry H. Shigley, Asheville
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Historian ..... Mrs. G. Haywood Jones, Zebulon
Advisor ..... Mrs. L. Milton Whaley, Durham
Advisor ..... Mrs. B. Cade Brooks, Fayetteville
Coordinator ..... Mrs. W. J. Smith, Chapel Hill

Mrs. Jerome Johnson
Woman's Auxiliary
Chairman

Jack G. Watts
NCPhA Chairman

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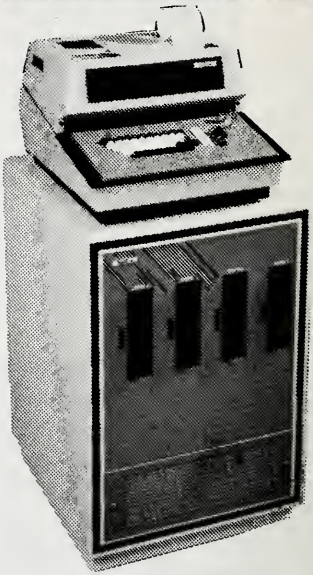

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NEWS FROM LOCAL ASSOCIATIONS

HARNETT COUNTY

On Monday evening March 26th, The Harnett County Pharmaceutical Association met at Heath's Steak House in Dunn. There was a brief business meeting presided over by the president, Herman Medlin. Larry Thomas gave a report from the Poison Prevention Week Committee and Caul Jernigan presented the slate of nominations for new officers, which was accepted by acclamation. Officers for the new year are as follows:

Neil McPhail—President
Kim Allen—Vice-President
Larry Thomas—Program Chairman
Edith Ann Caviness—Secretary & Treasurer

Those present for this meeting were Herman Lynch, Byron Johnson, Caul Jernigan, Kim Allen and Mrs. Allen, Larry Thomas, J. I. Thomas and Herman Medlin of Dunn; Bill Lanier of Erwin; I. J. Pruett of Angier; and Neil McPhail, Fleming Lovette, and Edith Ann Caviness of Lillington.

CHARLOTTE WOMAN'S PHARMACEUTICAL AUXILIARY

The Charlotte Woman's Pharmaceutical Auxiliary met Tuesday, March 13, 1979 at the Windy Rush Country Club for their annual Fun Day. The event started with a social hour at 11:00 A.M. and was followed by lunch. Mrs. Dolly Corwin, president presided.

Special guest was Mrs. Milton Skolaut, State President who discussed the May Convention Cruise.

In keeping with the yellow and white daisy decorations, a poem sent to Mrs. C. H. Smith, written by Joetta Rhinehardt of Salisbury and entitled "I'd Pick More Daisies" was read.

On Wednesday, March 14, Mrs. Corwin was a guest on the local television program "Top of the Day."

Mrs. Lucille P. Williams
Corresponding Secretary

THE GUILFORD COUNTY SOCIETY OF PHARMACISTS

The Guilford County Society of Pharmacists met on Wednesday, March 21 at Moses Cone Hospital. President Randy Crawford introduced the speaker for the evening, Dr. Peter Levitin, a local rheumatologist. Dr. Levitan's discussion of non-steroidal anti-inflammatory agents was most interesting and informative, dealing primarily with the use of salicylates, the problems of patient compliance on high doses of salicylates, and which non-salicylates he considered useful and effective as adjuncts or alternatives to aspirin.

During the business session that followed the program, the Society heard a report on the TV and radio spots that we sponsored for Poison Prevention Week. Also it was noted that a member of the Greensboro Police Dept. Vice Division called to report that several prescription forgeries on Cone Hospital blanks had surfaced in the area recently, and members were asked to be alert to this situation. There being no further business, the meeting was then adjourned.

Respectfully submitted,
J. Frank Burton, Sec.-Tres.

STEVENSON PRESENTED SERVICE AWARD

In recognition of 53 years of outstanding leadership in the community, the Elizabeth City Chamber of Commerce recently presented a life membership to Pharmacist John T. Stevenson.

Mr. Stevenson, a past president of the North Carolina Pharmaceutical Association, has been associated with Overman & Stevenson of Elizabeth City for more than fifty years. In addition to his local service in the areas of business, civic and religious activities, he has been one of the area's strongest supporters of organized pharmacy, serving as a past president of the Northeastern Carolina Pharmaceutical organization and at the state level, as a director of the N. C. Pharmaceutical Research Foundation.

Liability Protection

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A significant article on pharmacy law stated that "it is not unlikely that pharmacists substituting therapeutically or bioequivalent drugs for those prescribed will face increasing confrontation in the courts on the issue of their liability for unanticipated or adverse reactions from drugs dispensed by them."*

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Today's pharmacist faces many problems. Unnecessary liability risk is one you can avoid.

*From a special report reprinted from U.S. Pharmacist 2(4):19-23, 1977. "Pharmacy Law" by Michael R. Sonnenreich, J.D.

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TRAVELING MEMBER'S AUXILIARY, NCPhA

65th Annual Convention

Sunday, May 27

10:00 a.m.-6:00 p.m.	Registration Desk Open	Royal Kings Hallway
*12:00 noon	Buffet Luncheon (Opening Session)	Fiesta Brava Room
2:00 p.m.	TMA Board of Governors and Foundation Meeting	Kings Hall #2
3:30 p.m.	TMA Business Session	Kings Hall #2
* 7:00 p.m.	Bon Voyage Dinner (Closing Session)	Fiesta Brava Room

*Tickets through NCPhA

W. H. Andrews, President

TRAVELING MEMBER'S AUXILIARY, NCPhA

President ..... W. H. Andrews, Greensboro
First Vice President ..... Horace J. Lewis, Raleigh
Second Vice President ..... Charlie L. Kimball, Fayetteville
Secretary-Treasurer ..... L. M. McCombs, Creedmoor
Assistant Secretary-Treasurer ..... David F. McGowan, Chapel Hill

Board of Governors

Roland G. Thomas, Charlotte
Ray Black, Kernersville
W. F. Elmore, Wilmington
Canie B. Smith, Asheville
James R. (Bob) Case, Charlotte

NARD LEGISLATIVE CONFERENCE, WASHINGTON, D. C.
Left to right: Herman W. Lynch, Eugene W. Hackney, Mrs. Lynch, Congressman L. Richardson Preyer, Mrs. Shelton Brown, Mr. Brown, Jesse M. Pike.

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The North Carolina Pharmaceutical Association expresses thanks and appreciation to the following companies for considerable support for the 99th Annual Meeting and associated continuing education programs.

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The Upjohn Company
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Young Drug Products Corporation
Ortho Pharmaceutical Corporation

Special thanks to Burroughs Wellcome Company for the program "Motivation", to be presented by Charles H. Singler, Vice President, Sales, as part of the Continuing Education segment aboard the Sunward II, Tuesday morning, May 29, at 9:00 a.m.

LATEST MAC PROPOSALS

The following are *proposed* MAC prices for the respective drugs, as recommended by the HEW Pharmaceutical Reimbursement Board. A public hearing on the proposals has been set for May 30 and 31.

Product	*HEW Proposed Price*	*Market Leader's Price (% of Market)*
Chlordiazepoxide HCl caps 5mgm 500's	$7.00	$27.25 Roche Librium (98.5%)
Chlordiazepoxide HCl caps 10mgm 500's	$10.55	$40.85 Roche Librium (98.7%)
Chlordiazepoxide HCl caps 25mgm 100's	$4.38	$12.95 Roche Librium (98.5%)
Diphenoxylate HCl w/Atropine Sulfate tabs 2.5mg/.025mg 100's	$4.38	$11.84 Searle Lomotil (99.2%)
Doxepin HCl caps 100mg 100's	$29.00	$38.61 Pfizer Sinequan (97.1%)
Erythromycin ethylsuccinate oral suspension 200mg/5ml 480ml	$12.77	$15.89 Abbott E.E.S. (76.2%)
Erythromycin ethylsuccinate oral suspension 400mg/5ml 480ml	$23.95	$29.28 Abbott E.E.S. (80.3%)
Hydralazine HCl tabs 10 mg 100's	$3.50	$3.75 Ciba Apresoline (100%)
Hydralazine HCl tabs 25mg 100's	$2.79	$5.35 Ciba Apresoline (100%)
Hydralazine HCl tabs 50mg 100's	$3.84	$8.00 Ciba Apresoline (100%)
Methocarbamol tabs 500mg 100's	$4.96	$7.85 Robins Robaxin (100%)
Methocarbamol tabs 750mg 100's	$5.95	$11.75 Robins Robaxin (100%)
Minocycline caps 100mg 50's	$23.89	$27.35 Lederle Minocin (68.6%)
Oxyphenbutaxone tabs 100mg 100's	$7.99	$11.52 Geigy Tandearil (98.4%)
Penicillin G potassium tabs 400mu 100's	$2.38	$8.72 Squibb Pentids (62.6%)
Penicillin G potassium tabs 800mu 100's	$5.28	$12.68 Squibb Pentids (90%)
Sulfisoxazole tabs 0.5Gm 100's	$2.40	$4.24 Roche Gantrisin (98.5%)
Tetracycline HCl syrup 125mg/5ml 480ml	$3.89	$11.52 Lederle Achromycin V (59.1%)

The prices listed were based on Government/IMS Sept-Oct 1978 Survey, of 70th percentile prices from pharmacy invoice lines.

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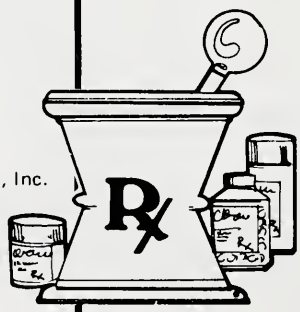

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unday—July 14th, 15th—1979

sboro Coliseum Complex

EIIBITION BUILDING

1921 W. LEE ST., GREENSBORO, N.C.

Ho Saturday, July 14th—1 p.m. to 10 p.m.
Sunday, July 15th—10 a.m. to 10 p.m.

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TEST YOUR KNOWLEDGE

Some typical questions from the Academic Externship Program exams

David D. Claytor, Assistant Director, University of North Carolina, School of Pharmacy, AHEC Program

1. A person stabilized on Lithium Carbonate should avoid:
   1. Excessive intake of fluids
   2. Thiazide diuretics or excessive perspiration
   3. Weight gain
   4. Cheese and wine
2. A 29 year old female patient comes to your pharmacy. She is in her last trimester of pregnancy. She has a prescription for Azo-Gantanol® for urinary tract infection. What should you do?
   1. Fill the prescription and tell the patient to drink water and the drug will discolor her urine.
   2. Call the physician because sulfa can cause jaundice in the unborn child.
   3. Call the physician because sulfa can damage the unborn child's teeth.
   4. Do (1) and also tell her physician that Pyridium® alone may be effective.
3. Which of the following vitamins is *NOT* fat soluble.
   1. E 2. K 3. B 4. D 5. A
4. A Schedule V preparation may *NOT* be sold without a prescription to the same person within:
   1. 12 hours
   2. 24 hours
   3. 48 hours
   4. 72 hours
   5. one week
5. Rx: $KMnO_4$_____g.
   Purified Water q.s. ad. *one pint*
   M. Ft. Solution such that 5 ml when diluted to 32 fl. oz. with water will make a 1:20,000 solution. (Use exact equivalents)

   The amount of Potassium Permanganate necessary to compound the above prescription is:
   1. 2.28
   2. 4.48
   3. 4.54 g.
   4. 4.80
   5. Correct answer not given

(Answers on Page 29)

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APhA PUBLISHES UNIFORM COST ACCOUNTING SYSTEM FOR PHARMACY

After five years of testing and development, the American Pharmaceutical Association has announced the publication of the Uniform Cost Accounting System for Pharmacy (UCAS).

The Uniform Cost Accounting System for Pharmacy enables pharmacy managers for the first time to capture uniform, comprehensive data on every economic event in the pharmacy—in precisely the amount of detail required by the pharmacy manager.

With its primary focus on the prescription operating department, UCAS yields down-to-the-penny data on the pharmacy's costs to dispense prescriptions and pharmaceutical service. Just as important, UCAS will tell pharmacy managers if other operations are subsidizing pharmaceutical service. "UCAS won't tell the pharmacy manager what decisions to make," says UCAS author Bruce R. Siecker. "What it does do is make good management decisions easier to make."

Packaged in a durable three-ring binder, the 600-plus pages of UCAS are divided into 36 user manuals which concentrate on specific components of pharmacy practice. Each manual benefits from the experience and knowledge of one of the nation's foremost pharmacy management experts, but each is written in an unusually clear and concise style.

"UCAS is designed for pharmacists," said Siecker, "not accountants."

Components of pharmacy management addressed by UCAS include receipts, receivables, administration, inventory, cost of goods, wages and salary, taxes, labor assignments, occupancy, depreciation, insurance, the balance sheet, and 24 other important components of pharmacy practice.

For a limited time only, APhA is able to offer the Uniform Cost Accounting System for $100.00 to APhA members and $125.00 to non-members. (This offer expires October 1, 1979. The regular UCAS price is $150.00.) Orders for the Uniform Cost Accounting System for Pharmacy should be addressed to the APhA Order Desk, 2215 Constitution Avenue, N.W., Washington, DC 20037.

LENOIR COMMUNITY COLLEGE OFFERS PHARMACY TECHNOLOGY COURSE

The N. C. Board of Education has approved a nine month Pharmacy Technology Program to be offered by Lenoir Community College. Dr. Patricia Stroud, Chairman of the Department of Allied Health, announced the program will begin in the 1979 fall quarter.

This program grew out of an extension class taught for the past few years by Pink Hill Pharmacist Bob Hood. Serving on the study committee with Mr. Hood were Mike Craven, Hal Paderick, Charles Pace, Bud Bradshaw and Dr. Stroud.

"Service in Wholesale Quantities

BEDDINGFIELD CHOSEN CITIZEN OF THE YEAR

Charles H. Beddingfield, 55-year-old Clayton pharmacist was honored January 15 as the Clayton Chamber of Commerce's "Citizen of the Year" for 1978.

In presenting a plaque to Mr. Beddingfield during the 28th annual awards banquet in the Spiritual Life Building at Everett's Chapel, the Reverend Maurice Grissom stressed the "unselfishness and modesty" of the recipient.

Mr. Grissom said the award represents many years of "service and dedication" to the Clayton Chamber of Commerce and the community in general.

"While working for something better for Clayton," Mr. Grissom said, "he always passes the credit to someone else." Mr. Grissom said that others in the community "have been inspired and encouraged by his example."

Mr. Beddingfield was born in Clayton and attended public school there. He also attended Oak Ridge Military Academy. He received his undergraduate degree at the University of North Carolina at Chapel Hill and was graduated from the University's School of Pharmacy in 1944.

Mr. Beddingfield is a former member of the Clayton Board of Commissioners, serving a two-year term which began in 1954. He has served as a member of the Johnston County Board of Health since 1962, succeeding his father, the late C. H. Beddingfield.

He is a member of the North Carolina Merchants Association and was a state director in 1960. He is a former Rotarian and served as secretary of the Clayton club for a number of years. Mr. Beddingfield has been a director of Southern National Bank in Clayton since it opened in 1968.

Mr. Beddingfield is a member of the First Baptist Church of Clayton, where he serves as assistant church treasurer and chairman of the day care committee.

He is a member of the North Carolina Pharmaceutical Association and the National Association of Retail Druggists.

Mr. Beddingfield is the only member of the Clayton Chamber of Commerce who has served two separate terms as president—1957 and 1976. During the past year, he served as Soybean Festival chairman. Two years ago the Chamber cited him for "outstanding service."

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TO: The NCPhA

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You should be aware that several companies producing or distributing generic spironolactone products are doing so without support of an approved New Drug Application (NDA) or an Abbreviated New Drug Application (ANDA). Under these circumstances, it would appear prudent for any member of your association to make inquiry into the status of any product being considered for purchase. Recently, the FDA began seizure of several unapproved generics including spironolactone products in various parts of the country.

While these legal aspects may be important to you for several reasons, you should also be aware that it is documented in the scientific literature that formulation changes can affect the in vivo bioavailability of spironolactone (ALDACTONE). Also, the combination of spironolactone and hydrochlorothiazide (ALDACTAZIDE) is considered to be a drug with potential bioavailability problems.

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Vice President
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   b) having maintained all records concerning the dispensing of the prescription,
   c) making these records available to Sandoz and
   d) in all other ways cooperating fully with Sandoz in defending against the claim or suit.

3. Naturally, Sandoz will not defend or indemnify a pharmacy or pharmacist
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   b) when the case involves substitution of the product of another manufacturer for a prescribed Sandoz product, even in those states where substitution is permitted or mandated by law.

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BIRTHS

Born to Mr. and Mrs. Warren Peter George Freas III (Elizabeth Ann Ring, Class 1965) a daughter, Kristin Elizabeth, on February 5, 1979, in Raleigh. She is granddaughter of Pharmacist and Mrs. C. A. Ring, Jr., of High Point.

Mr. and Mrs. Michael Joyner of Raleigh, announce the birth of a son, Brian Patrick, on March 8 in Wake County Medical Center. Mrs. Joyner is Pharmacy Coordinator for the Wake Area Health Education Center in Raleigh.

Warren and Becky Coltrane of Mount Airy announce the birth of their son, Bryon Warren. Born March 13 at Forsyth Memorial Hospital, Winston-Salem, the baby weighed seven pounds. Bryon has one brother, Geoffrey, three years old. Both Mr. and Mrs. Coltrane are 1973 graduates of the UNC-CH School of Pharmacy. Warren is Pharmacist-Manager of Revco Drugs, Mount Airy Plaza and Becky was formerly employed with Revco—Winston-Salem.

Louise and Bill Kesler, Chapel Hill, announce the birth of James Griffin Kesler, April 12, 1979, at Durham County General Hospital. Jimmy weighed 9 pounds, 3 ounces. Mother and father, both pharmacists, are doing fine.

Collin Grayson Hill, weighing 9 pounds, 3 ounces, was born to Mr. and Mrs. Larry G. Hill, Trinity, March 29. Larry was graduated in 1971 with a B.S. in Pharmacy from UNC.

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On request, a representative of the I. C. System will explain the collection program in detail.

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And when the 10 weeks were over, we parted knowing that we'll enjoy seeing each other in the years ahead.

And reminiscing about the summer of '78.

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SCHOOL OF PHARMACY
UNIVERSITY OF
NORTH CAROLINA
AT
CHAPEL HILL

Carolyn Clayton, Editor

ScRipt

DEAN'S MESSAGE

The School was privileged to host Dr. John Adams of the Pharmaceutical Manufacturers Association in March. Dr. Adams is a Vice President in charge of the scientific arm of PMA. His discussion covered a wide range of regulatory and legislative items concerned with drugs, their manufacture, use, and control.

In his remarks he pointed out that a concerted educational effort must be aimed at physicians during their medical education so that they would be better able to inform the patient about drugs!

I was mildly surprised that my old friend, Dr. Adams, did not recognize the fact that the *most well educated* individual in the area of drugs (barring none) is *the pharmacist* and that the pharmacist is the most *available* to the patient.

PHARMACEUTICAL MANUFACTURER'S ASSOCIATION

On the night of February 28, 1979, Dr. John Adams, Vice President in charge of the Division of Scientific and Professional Relations of the Pharmaceutical Manufacturer's Association, spoke at the UNC School of Pharmacy.

Highlighted from his highly controversial discussion are the following items:

1) The proposed Drug Reform Legislation should be called the Drug Entrenchment Expansion Act, because it enormously increases the powers of the FDA.
2) HEW's Maximum Allowable Cost (MAC) system is an invasion of the private health care sector. However, MAC is here to stay and cannot be stopped. It is now even extended to drug appliances.
3) The FDA proposed Therapeutic Equivalence List offers no public assurance of interchangeability since so little data are available on equivalency.

Dr. John Adams
Vice President, PMA

DEAN MIYA, PRESIDENT, SOCIETY OF TOXICOLOGY

Tom S. Miya, Dean of the School of Pharmacy, was installed as the 19th president of the Society of Toxicology during the annual meeting held in New Orleans on March 11-16, 1979. During the 1978 term, the Dean served as Program Chairman and President Elect for the Society. Dean Miya begins his one year term of office on May 1.

The purpose of the Society of Toxicology is to promote the acquisition and utilization of knowledge in toxicology and to facilitate the exchange of information among its members as well as among investigators of other scientific disciplines. Qualified persons who have a continuing professional interest in toxicology and (a) who have conducted and published original research in some phase of toxicology are eligible for active membership. Nationally, the Society has nearly 1,000 members; North Carolina has thirty-eight.

In addition to his duties as Dean of the School of Pharmacy, Dr. Miya also holds a joint appointment as Professor of Pharmacology in the Department of Pharmacology, UNC-CH, School of Medicine.

WITH THE FACULTY

Dean Tom S. Miya of the UNC School of Pharmacy was recently appointed to the Editorial Board of *Perspectives in Toxicology,* an annual in-depth review series, published by Raven Press.

On March 1 and 2, 1979, **Dr. George P. Hager,** Professor of Medicinal Chemistry and a former Dean of the School of Pharmacy, travelled as a consultant to the University of Tennessee Center for the Health Sciences in Memphis. The purpose of his visit was to review the graduate program offered by the Department of Medicinal Chemistry, and to make an appraisal of the quality of the program, its strengths and weaknesses, as well as to provide objective suggestions for upgrading the program.

Betty H. Dennis, Instructor, Division of Pharmacy Practice, attended a Symposium on Mandol® (Cefamandole Nafate) at the Hyatt Regency Hotel in Indianapolis, Indiana on March 1, 1979. The Symposium was sponsored by Eli Lilly and Company.

Dr. Lawrence J. Hak, Assistant Professor, Division of Pharmacy Practice, spoke on "Hyperalimentation" at the N. C. Dietetic Association's Spring Workshop held at the Sheraton Center in Charlotte, N. C., on March 7, 1979.

Fred M. Eckel, Professor, Division of Pharmacy Practice, presented a seminar at the Drug Information Association's Midyear Workshop held in Orlando, Florida, on March 7-10, 1979.

Dr. Jean Paul Gagnon, Associate Professor, Division of Pharmacy Administration, attended the American Association of Colleges of Pharmacy Finance Committee Meeting in Washington, D. C., on March 12, 1979.

LILLY RESEARCH FACULTY DEVELOPMENT PROGRAM

For the month of February, R. Stephen Porter, Pharm.D., Division of Pharmacy Practice, was involved in a Clinical Drug Trials Research Development Program at Eli Lilly and Company in Indianapolis. The purpose of Dr. Porter's visit was to develop a greater appreciation of clinical pharmacology, clinical drug trials, and the interrelationship of these activities to clinical pharmacy.

The first week of his rotation included the Basic Research and Development Program at Eli Lilly, with emphasis on organic chemistry, microbiology and toxicology programs. The second and third weeks at Lilly were spent at the Wissard Memorial Hospital, Lilly Laboratory for clinical research. Time spent in this area included observation of Phase One and Phase Two Clinical Drug Trials in human volunteers. These trials involved the use of experimental drugs, determining metabolic routes of elimination, pharmacokinetic parameters, and dose-ranging studies. During these phases of study, it is important to observe signs and symptoms of adverse laboratory and clinical drug reactions. Dr. Porter's final week at Lilly included an introduction into the Phase Three and Phase Four Drug Trial programs in the Clinical Investigations Division. Here he developed greater knowledge and appreciation of the FDA requirements and regulatory controls of new drug products.

WHO IS THIS GUARDIAN OF DRUG EXPERTISE? A CHALLENGE TO CONSUMERS

LeRoy J. Werley
Associate Dean

Do you really know this individual? Do you actually seek and heed his advice, or do you turn a deaf ear to this keeper of medications? Perhaps you should learn a little more about this guardian of drugs—who is he, what is his background and history—what role does he play in today's health care system?—Why is his profession the most regulated of all health professions?

The guardian's family history dates back to the age of antiquity (5000 B.C.) as a practitioner of the healing arts. Out of this cradle of civilization, he has been identified as the procurer, compounder, keeper and dispenser of medications. For centuries this keeper of drug knowledge has tried to be all things to all people, reaching in all directions, from entrepreneur to counter-prescriber—constantly trying to provide an open door to the ever-expanding health care system. His knowledge of natural products and chemical substances has always been impressive although not always utilized because he has been:

1) controlled by regulations which govern his practice.
2) limited to the products with which he employs.
3) restricted to a role of procuring and dispensing medications.

During the past 20 years, increased sophistication, drug interaction, incidence of adverse reaction, complexity of medical care and more potent medications have created a demand for effective utilization of the pharmacist's skills. Today's health care system requires professional leadership with knowledge, skills and the capability of exercising sound professional judgment in the use, abuse and misuse of drugs.

Pharmaceutical education has recognized the advances in pharmaceutical sciences and has placed more emphasis on patient-oriented situations. Curricula has been modified to develop independent judgment, to permit adequate clinical exposure, and to evaluate drug therapy techniques. Communication skills are being developed so that students can translate experience and knowledge into institutional and community health processes.

Today's guardian is being trained to observe and to make judgments in situations of illness due to physical and psychological causes. He must be scientifically, psychologically, and emotionally prepared to act as a monitor of the therapeutic use of drugs. This requires that he receive not only the basic professional education in physical and biological sciences, but he must be trained to make useful application of these basic tools in the various fields of practice which are available.

Being a drug expert has led to increased responsibilities, some of which are self-imposed and some which are forced upon him. He is the middleman—the focal point of the fine balance on the scale of safe and effective medication use. He finds himself in a position of monitoring drugs manufactured by one group, prescribed by another group, and dispensed to a third group. He has a duty to warn both the physician and the patient of drug side effects, adverse reactions and interactions, proper dosage regimens, etc. In addition, he must comply with state and federal regulations imposed on the drug products, storage, generic equivalency, illegal practices, controlled substances acts, labeling, expressed warrantees, duty to inform. He is constantly faced with the unpleasant duty of informing patients and physicians of the manufacturers' warnings even at the risk of interfering with physician-patient relationships. He is restricted by laws which govern drug product selection, good manufacturing processes, prescription records, prescription labels, substitution laws, etc. He has been a target of the Federal Trade Commission, HEW, FDA, the courts and the consumers.

Yet, he continues to seek his rightful place in the health care system. The recent Task Force Report on Health Planning and Pharmacy is indicative of today's thinking among some health practitioners who recognize the role this guardian can play in patient care management.

Yes, my dear consumer, he is a Pharmacist—he is real, he is knowledgeable, and he is vitally interested in your health and welfare. Why not look upon and treat him as a professional? HE IS, YOU KNOW!

SURVEY OF HEALTH EXPENSES

by Raymond Jang, Ph.D.
Associate Professor
Division of Pharmacy Administration

Will we see a national health insurance plan soon? Should prescriptions be covered under national health insurance? Is there a difference in how often prescriptions get filled when insurance pays? The federal government is looking for answers to these and other questions in its National Medical Care Expenditure Survey according to Dr. Daniel G. Horvitz, recent visiting lecturer at the School of Pharmacy.

Dr. Horvitz directs the Statistics Division at the Research Triangle Institute and is responsible for conducting the extensive survey of 13,500 households across the nation.

In his discussion with faculty members from the Pharmacy Administration Division, Dr. Horvitz suggested several analyses of the drug portion of the survey that should be done. For example, is there really a major difference in the number of prescriptions filled when private insurance is available compared to either no insurance or federal plans such as Medicaid or Medicare? The faculty expressed considerable interest in such studies. Indeed the Pharmacy Administration Division plans to obtain computer tapes of these data.

The survey results will have an impact on federal health legislation and will contain information that could indicate significant trends in the economics of dispensing prescription drugs.

VISITING LECTURER

On Friday, March 2, Dr. Robert V. Smith, Professor of Pharmaceutical Chemistry and Director of the Drug Dynamics Institute at the School of Pharmacy, University of Texas at Austin presented a talk at the UNC School of Pharmacy on their chemical and pharmacological studies with apomorphine and its analogs. Dr. Smith also described the concept of the Drug Dynamics Institute as an interdisciplinary approach to problem solving utilizing interested faculty from the disciplines of pharmacology, pharmaceutics, and pharmaceutical chemistry.

BIRTH

Congratulations to Gail and John Moriarty on the birth of their seven pound daughter, Ashley Blake. Blake was born March 11, 1979, at Durham County General Hospital.

Blake's proud mother has been with the School of Pharmacy for nearly ten years, and currently serves as Administrative Assistant to Associate Dean LeRoy Werley. John is Assistant Professor of Periodontics with the School of Dentistry.

In speaking of Gail, Dean Werley described her as a most valuable asset. Gail plans to spend the next month enjoying her favorite hobbies of baking, sewing, and reading historical novels, as well as in helping 4-year-old Adam become acquainted with his new sister.

CENTENNIAL CELEBRATION COMMITTEE CHOSEN

The year 1980-81 is the 100th birthday of the School of Pharmacy. Dean Miya has chosen a committee to organize the celebration, known as the Centennial Celebration Committee (CCC). The members include Dr. Melvin Chambers, chairman, Drs. Albert Mattocks and Jack Wier, Mssrs. Claude Paoloni and Charles Pulliam, and Ms. Carolyn Clayton, ex-officio.

The first planning session was held in mid-March. The following ideas, designed for both short-term and long-term impact, are under consideration: 1) establishing a Pharmacy Alumni Association; 2) planning a series of small events scattered throughout the year to culminate with a larger function; and 3) refurbishing the auditorium with upholstered seats donated by individuals and organizations.

As no plans are final as yet, the Committee would like any suggestions you may have. Please contact the CCC at the School with your ideas.

This is YOUR CELEBRATION, TOO!

DRUG INFORMATION REPORTS

Lysine Therapy in Herpes Simplex Infection

It has been estimated that 50-70% of the adult population are affected with painful cutaneous lesions due to herpes simplex viruses. (H.S.V., Type I) Recently a H.S.V., Type II, virus has also been recognized and is thought to be venereally transmitted.

Early *in vitro* studies of medias that promote or inhibit the growth of viruses, have shown that arginine encourages viral cell growth whereas lysine antagonizes herpes virus replication and cytopathogenicity. Based on these observations Dr. Richard S. Griffith at Eli Lilly Laboratory for Clinical Research, conducted a trial with 35 patients with recurrent herpes infections. Lysine was administered in doses ranging from 312 to 1200 mg per day in single or multiple doses. The results of the trial demonstrated a beneficial effect from the supplementary lysine with acceleration of healing and suppression of recurrent infection. No adverse reactions were reported. The pain disappeared abruptly overnight in virtually every instance. New vesicles failed to appear and the resolution of most of the cases was considered to be more rapid than with past experience. The initiating lesion remains confined to one specific area in those patients who characteristically had experienced extension or progression of multiple sites of infection. Those patients who responded to lysine when taken off their regimen were found to show recurrences within one to four weeks after stopping medication. For this reason, the results of the study were interpreted as to show suppression rather than a cure of the underlying disease process. Maintenance doses vary with each individual, but virtually no patient found a recurrence on 500 mg or more per day of lysine.

The diet in humans contains L-lysine and L-arginine. Man is totally dependent on his diet as a source of lysine. The ingestion of high arginine foods like cereals, seeds, nuts, chocolate, etc. should produce high arginine to lysine ratio and favor hepertic lesions. On the other hand, the avoidance of high arginine foods coupled with selection of foods high in lysine such as dairy products and yeast should discourage herpetic infection. This may explain the low incidence of herpetic infection in infants prior to weaning from a predominantly milk diet.

Obvious deficiencies in this study include: lack of blinded observation, no inclusion of placebo controls, no measurement of plasma or tissue arginine/lysine ratios, and lack of statistical analysis. For these reasons these interesting and encouraging results should be viewed as preliminary until further controlled trials have been performed.

For a short list of lysine containing foods and further references, please contact R. Stephen Porter, Pharm.D., Division of Pharmacy Practice, UNC School of Pharmacy.

DICP EDITORIAL ADVISORY BOARD

Donald C. McLeod, M.S., a 1971 alumnus of the UNC School of Pharmacy, has been appointed the first chairman of the Editorial Advisory Board for *Drug Intelligence and Clinical Pharmacy*.

Currently, Mr. McLeod is Associate Professor and Chairman of the Division of Pharmacy Practice at Ohio State University, College of Pharmacy.

Stephen M. Caiola, M.S., Associate Professor, and J. Heyward Hull, M.S., Clinical Associate Professor, both of the Division of Pharmacy Practice, also serve as members of the Editorial Advisory Board.

ANSWERS

1. (2) Goodman, A. & Gilman, A. *The Pharmacological Basis of Therapeutics*, 5th Edition, p. 185
2. (2) Goodman, A. & Gilman, A. The Pharmacological Basis of Therapeutics, 5th Edition, p. 1122
3. (3) *Handbook of Non-Prescription Drugs*, p. 142
4. (3) Federal Regulations: 21 CFR (Code Federal Regulations) 1306-32
5. Use 29.57 ml/oz or 473 ml/pt.
   29.57ml × 32 oz. = 946.2
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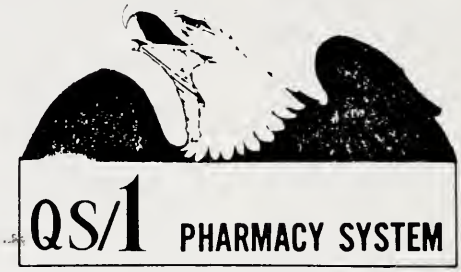

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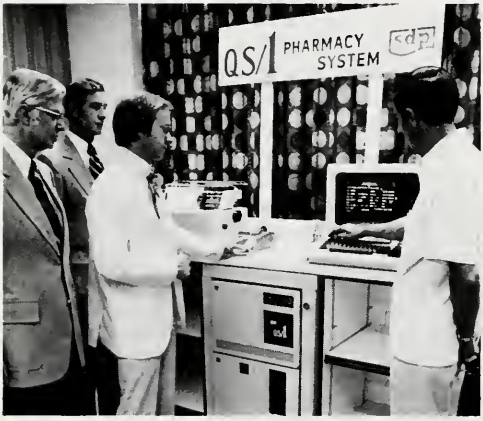

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ILLEGAL ACTS

SEVEN LAKES

Drugs valued at $450 were stolen from the Village Pharmacy late Wednesday night, January 24. The thief also did an estimated $300 to a window he broke to gain entry.

SMITHFIELD

A Pittsburgh, Pennsylvania football fan attempted to rob Upchurch's Pharmacy Thursday, January 18, on his way to the Super Bowl in Maimi.

About 9:30 a.m. the robber entered the pharmacy, pointed a small caliber pistol at Pharmacist Bill Upchurch and requested drugs. Employees in another part of the store observed what was happening and called the police. The robber was arrested as he left the store.

HUNTERSVILLE

A South Carolina man broke into Neil's Drug Store early Monday morning, January 15, and was captured before completing his attempt drug theft.

The burglar disabled the alarm system and entered the store through the roof. He was spotted by the local police who then arrested him. This was the third attempt to steal drugs from the store in less than two years.

TROY

Standard Drug Store was entered late Wednesday, February 7, and tracks in the snow led police to the house of a suspect. Preliminary inventory did not reveal anything missing, but merchandise had been scattered around.

HENDERSON

Eckerd Drug Store was victimized by a three man larceny team, one of whom distracted the pharmacist while another member stole two bottles of Dilaudid. The larceny took place Monday, February 12.

REIDSVILLE

An undisclosed quantity of drugs was taken from Belmont Pharmacy over the weekend of March 3-4. A side window was entered and several items were found on the ground outside the store. A physician's office in the same building was also broken into.

SHELBY

Revco Discount Drug Center was the scene of an armed robbery, Friday, March 2. Two armed men entered just before closing time and robbed two customers of about $2,800, and robbed the store of an unannounced amount of money and drugs.

KANNAPOLIS

Two pharmacies were broken into Tuesday, March 6, and Tussionex Suspension was the only item taken from each store. F. L. Smith Drug was entered by smashing the front door and Baxter's Pharmacy was entered two hours earlier the same way, but the Tussionex taken from Baxter's was broken on the pharmacy floor.

ELKIN

About $360 worth of drugs, including Quaalude, Percodan and Seconal, was taken from Revco Discount Drug Center, in an early morning breakin, Monday, February 26. The front door was open and the alarm was sounding when local police arrived. The thieves were selective, and apparently new where everything they wanted was kept.

ASHEBORO

Two youths, 15 and 17 were arrested by local police inside Archdale Pharmacy, Monday morning, February 26. A hatchet was used to chop a hole in the roof, but the youths triggered an alarm inside the store. A quantity of drugs valued at $500 was found in their possession.

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Classified advertising (single issue insertion) 10 cents a word with a minimum charge of $3.00 per insertion. Payment to accompany order.

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Due to illness of pharmacist owner, management position open for a pharmacist from late March to June. Additional information by calling Mrs. Tom Kirkpatrick, Plymouth, North Carolina. Telephone (919) 793-9981. (pharmacy) or (919) 793-9227 (residence).

RPh seeks position in Greensboro area beginning March. Experienced in hospital with combined in-patient/out-patient pharmacy. Contact Gary Watson, 213 Beech Street, Williamston, NC 27892. Telephone: (919) 792-5247.

RELIEF PHARMACIST

Available Mid-May thru August. Interested in Chapel Hill-Durham and surrounding areas. Hospital and retail experience. Contact: Ron Salem (919) 942-4989, Chapel Hill, NC.

PHARMACIST WANTED

Hall's Drug Store, Wilmington, N. C. Contact: Bill Woodard (919) 762-5265.

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For pharmacist in Elizabethtown at Smith's Pharmacy. Call Alfred Gene Smith (919) 862-3465.

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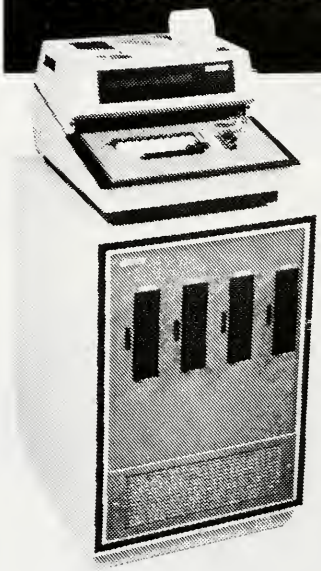

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NUMBER 5

MAY 1979

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UNC School of Pharmacy student, Jo Marlene Travis of Raleigh, is shown receiving the 1979 Ralph Peele Rogers, Sr. Pharmacy Administration Award. The presentation was by Ralph P. Rogers, Jr. of Durham in ceremonies at the Hope Valley Country Club. Details Page 21. Photo by Odlorcraft.

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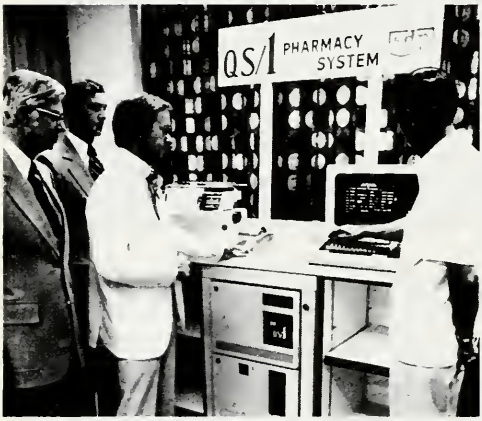

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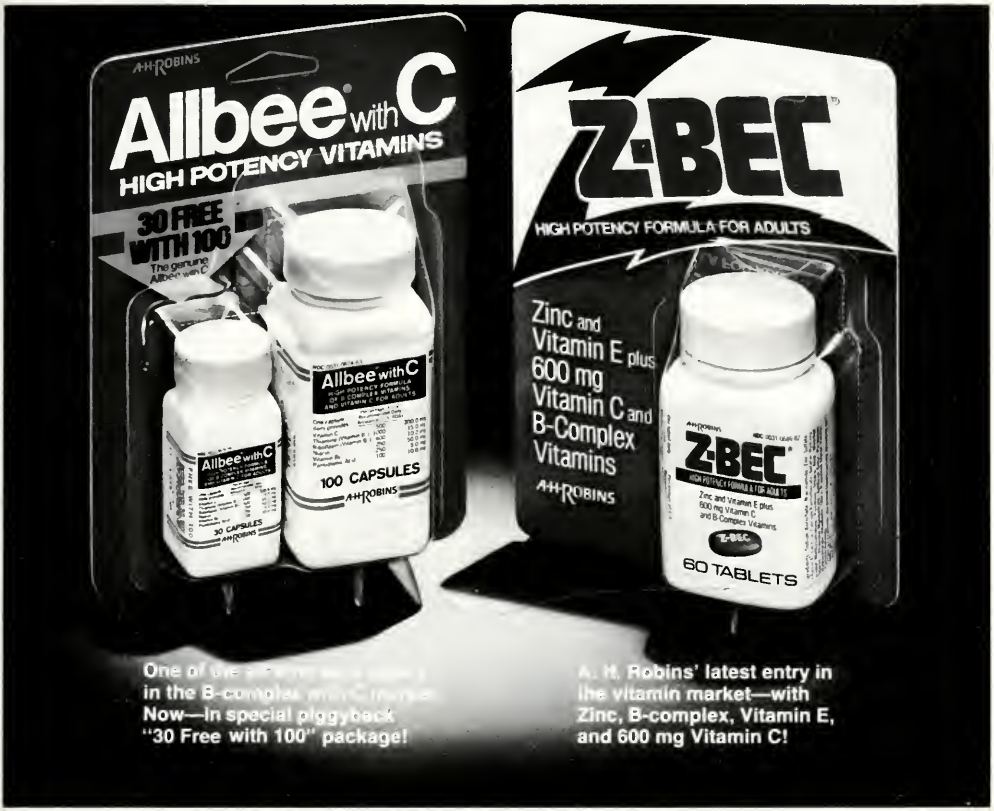

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THE CAROLINA JOURNAL of PHARMACY

(USPS 091-280)

May 1979 Volume 59 Number 5

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A BILL TO BE ENTITLED AN ACT TO PROVIDE FOR DRUG PRODUCT SELECTION BY PHARMACISTS

The General Assembly of North Carolina enacts:

Section 1. G. S. 90-76 is repealed. Part 1A is added to Article 4 of Chapter 90 of the General Statutes, as follows:

Part 1A.
Drug Product Selection.

§90-76.1. *Definitions.*—As used in this Part:

(1) 'established name' has the meaning given in Section 502(e) (3) of the Federal Food, Drug, and Cosmetic Act, 21 U.S.C. 352(e) (3);

(2) 'equivalent drug product' means a drug product which has the same established name, active ingredient, strength, quantity, and dosage form, and which is therapeutically equivalent to the drug product identified in the prescription;

(3) 'good manufacturing practice' has the meaning given it in Part 211 of Chapter 1 of Title 21 of the Code of Federal Regulations;

(4) 'manufacturer' means the actual manufacturer of the finished dosage form of the drug;

(5) 'prescriber' means anyone authorized to prescribe drugs pursuant to the laws of this State.

§90-76.2. *Selection by pharmacists permissible; prescriber may permit or prohibit selection; price limit on selected drugs.*—(a) A pharmacist dispensing a prescription for a drug product prescribed by its brand name may select any equivalent drug product which meets the following standards:

(1) the manufacturer's name and the distributor's name, if different from the manufacturer's name, shall appear on the label of the stock package;
(2) it shall be manufactured in accordance with current good manufacturing practices;
(3) effective January 1, 1982, all oral solid dosage forms shall have a logo, or other identification mark, or the product name to identify the manufacturer or distributor;
(4) the manufacturer shall have adequate provisions for drug recall; and
(5) the manufacturer shall have adequate provisions for return of outdated drugs, through his distributor or otherwise.

(b) The pharmacist shall not select an equivalent drug product if the prescriber instructs otherwise by one of the following methods:

(1) A prescription form shall be preprinted or stamped with two signature lines at the bottom of the form which read:

_____
Product Selection Permitted

_____
'Dispense As Written'

On this form, the prescriber shall communicate his instructions to the pharmacist by signing the appropriate line.

(2) In the event the preprinted or stamped prescription form specified in (b) (1) is not readily available, the prescriber may handwrite 'Dispense As Written' or words or abbreviations of the same meaning on a prescription form.

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(3) When ordering a prescription orally, the prescriber shall specify either that the prescribed drug product be dispensed as written or that product selection is permitted. The pharmacist shall note the instructions on the file copy of the prescription and retain the prescription form for the period prescribed by law.

(c) The pharmacist shall not select an equivalent drug product unless its price to the purchaser is less than the price of the prescribed drug product.

§90-76.3. *Prescription label.*—The prescription label of every drug product dispensed shall contain the brand name of any drug product dispensed, or in the absence of a brand name, the established name.

§90-76.4. *Prescription record.*—The pharmacy file copy of every prescription shall include the brand or trade name, if any, or the established name and the manufacturer of the drug product dispensed.

§90-76.5. *Prescriber and pharmacist liability not extended.*—The selection of an equivalent drug product pursuant to this Part shall impose no greater liability upon the pharmacist for selecting the dispensed drug product or upon the prescriber of the same than would be incurred by either for dispensing the drug product specified in the prescription.

§90-76.6. *Violation a misdemeanor.*—Violation of this Part is a misdemeanor and shall be punishable by a fine or imprisonment, or both, at the discretion of the court."

Sec. 2. This act shall become effective January 1, 1980, and shall apply only to prescriptions written or ordered orally after January 1, 1980.

DRUG PRODUCT SELECTION BILL

HB 1248

Any tranquilizer or sedative dispensed by filling or refilling a written or oral prescription of a practitioner licensed by law to administer such drug shall be labelled by the pharmacist, *if the prescriber so directs on the prescription*, with a warning that: "The consumption of alcoholic beverages while on this medication can be harmful to your health." No opposition to HB 1248 since the warning label is optional by prescriber.

(HB 818)

House Bill 818, as here outlined, was introduced by Pharmacist/Representative Barney Paul Woodard in March following suggested changes in a proposal initiated in January, 1979.

The bill was referred to the House Health Committee, headed by Rep. Woodard. Some modifications took place during committee public hearings, a major one being effective date of the logo requirement. Despite objections to the 2-liner and the logo requirement, the committee, in early April, unanimously approved HB 818.

On April 16, The House voted 104-0 in favor of the bill. Final House action was delayed since legislators said they planned to offer technical amendments. As a result, the bill was referred to House Judiciary Committee #3 for action on May 1.

HB 818 UPDATE

In late April, House Bill 818 was amended to eliminate the 2-liner together with specification to prevent substitution of drug product, prescriber must personally indicate "Dispense as Written" on each prescription. Since the vote was close—4 to 3—HB 818 was still in J3 in mid-May. Prediction: If bill is to pass this session of the Assembly, it will have to be in form as outlined on page 6-7, otherwise present supporters of the bill will reassess their position.

HB 1159

An Act to require a pharmacist to record the weight, measure or numerical count of the drug product prescribed, on the Rx label. Since HB 1159 also requires the "current date" on Rx label, NCPhA opposes this bill as being impractical and costly (15 million annual refills . . . many involving a new label and container). Bill passed The House and referred to Senate Human Resources Committee in mid-May. Prediction: Senate Committee less likely to favor HB 1159 than House.

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A significant article on pharmacy law stated that "it is not unlikely that pharmacists substituting therapeutically or bioequivalent drugs for those prescribed will face increasing confrontation in the courts on the issue of their liability for unanticipated or adverse reactions from drugs dispensed by them."*

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*From a special report reprinted from U.S. Pharmacist 2(4):18-23, 1977. "Pharmacy Law" by Michael H. Sonnenreich, J.D.

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PHARMACY VENDOR NOTIFIED OF PENDING SUSPENSION FROM MEDICAID PROGRAM; STATE REQUESTS REIMBURSEMENT OF MORE THAN $1,000.00 FROM VENDOR

Following an audit of one of the state's pharmacy vendors by The Computer Company, the vendor has been notified that it is in violation of Medicaid program rules, regulations and guidelines on two counts:

(1) Billing the Medicaid program for brand name products while dispensing less expensive generic products.

(2) Violated BNDD regulations regarding controlled substances by refilling specific prescriptions more than five (5) times or six (6) months from the date of the original prescriptions.

The Assistant Director of Medicaid's Program Integrity Division has notified the vendor of the following pending action:

Pursuant to the Medicaid Agency procedures the Vendor is hereby notified that it must reimburse the Medicaid program the total amount of overpayment ($1,092.95) by June 1, 1979. Please direct the recoupment to the Division of Medical Assistance, attention: Mr. John C. Kirsch. Furthermore, he advised that the Vendor is being suspended from participation in the Medicaid program for a period of three (3) months, effective June 1, 1979, and placed on probation for a period of twelve (12) months, effective June 1, 1979, with the understanding that any further abuse of the Medicaid program rules, regulations and guidelines will result in termination from the Medicaid program and possible additional administrative and/or legal actions by the State Medicaid Agency.

The vendor has choice of accepting (1) action as noted above or (2) requesting an administrative review of the findings and conclusions of the audit.

In recent months, six pharmacy vendors have been suspended from the Medicaid Program for periods of one to three months. In most cases, the suspension resulted from charging brand name prices for non-brand name dispensed drugs.

LONDON CONVENTION TOUR IN SEPTEMBER

If interested in visiting London and England in early September, Steve Moore suggests joining a personally escorted tour which includes the 10th International Conference on Health Education.

This tour arranged by Cardinal Travel Service, P. O. Box 30037, Raleigh, North Carolina 27612, includes:

(1) Round trip on British Airways, non-stop from Washington to London.

(2) Transportation between Heathrow Airport and Hotel, including baggage handling.

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(4) Depart September 1; return September 8.

(5) Price per person: Air fare $372; Hotel L119 (L about $2)

(6) Tour open to all conference participants and their friends whether attending conference or not.

(7) For additional information, call Ms. Rachel Pair (919) 787-9212.

LOUISBURG PHARMACIST IS INDICTED

As a result of an investigation by the recently established Medicaid Fraud Control Unit, Louisburg Pharmacist L. E. Scoggin, Jr. was indicted by the Wake County Grand Jury on May 1.

Scoggin, a partner in a Louisburg pharmacy, is accused of billing Medicaid for drugs he never dispensed. Other types of violations alleged were the billing for brand name drugs when less expensive generic drugs were dispensed and charging for a greater quantity of medication than had actually been dispensed.

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Ohio State University Hospital
Associate Professor of Pharmacy
Ohio State University College of Pharmacy
Columbus, Ohio

LECTURES

Factors Affecting Drug Action
Specific Drug Interactions Involving Altered Metabolism and Pharmacologic Interactions
Introduction to Drug Interactions
Specific Drug Interactions Involving Altered Absorption
Systems for Monitoring Drug Interactions
Reporting Drug Interactions

ACKNOWLEDGEMENT

This symposium is made possible with a grant from and the encouragement of Lederle Laboratories, a Division of American Cyanamid Company. This is one of more than 110 meetings of health professionals sponsored by Lederle in 1979.

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Please reserve a place for me at the June 13th "SYMPOSIUM ON DRUG INTERACTIONS."

My check for $15.00 made payable to "Drug Interactions" is enclosed. Lunch is included in the registration. Return check and this registration to School of Pharmacy, Continuing Education, Beard Hall 200H, Chapel Hill, N. C. 27514.

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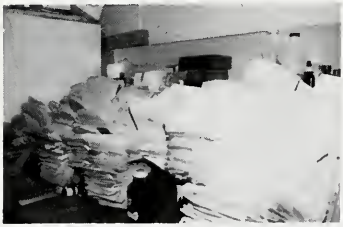

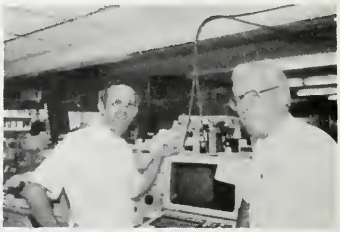

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N. C. PHARMACY NEWS BRIEFS

DURHAM—Central Pharmacy, located in the new Central Medical Park at 2609 North Duke Street, was officially opened on April 3. Taking part in the opening were Pharmacist Bill Burch, owner; Durham Mayor Wade Cavin and others.

NEWTON—Pharmacist Sara Boss Isenhour, a staff pharmacist at Newton Rexall Drugs, has been named "Young Career Woman of 1979" by the Newton-Conover Business and Professional Women's Club.

MOCKSVILLE—Crown Drug, Willow Oak Shopping Center, includes an optical center, third to be opened in the Crown 14-store North Carolina operation. Sonny Phelps of Winston-Salem is manager of the Mocksville Crown store.

HICKORY—Pharmacist Howard M. Michael is director of the Unifour Poison Control Center located at Catawba Memorial Hospital. The News of Hickory recently ran a feature story on the Center which is open 24 hours every day of the year.

KENANSVILLE—Earl Hatcher, pharmacist and co-owner of Kenansville Drug Store for the past 20 years, has been named a member of the Duplin General Hospital Board of Trustees. Currently, Pharmacist Hatcher serves on the Kenansville Town Board of Commissioners and is Mayor Pro-Tem of Kenansville.

CHAPEL HILL—Featured speaker at a recent meeting of the Chapel Hill Historical Society was Dr. Edward A. Brecht, who served as Dean of the UNC School of Pharmacy from 1950 to 1965.

SALISBURY—In remodeling and enlarging Main Drug Company, the co-owners, Denham Holshouser and Bobby Lindsay, decided to convert their fountain operation into an "old look" associated with soda parlors at the turn of the century. The "old look" is catching on, with sales on the increase each month. On grand opening day, the soda parlor featured Cokes for a nickel.

ARCHDALE—The High Point Enterprise, under its Personality Profile, recently featured Pharmacist Everette M. Grayson, a 1970 graduate of the UNC School of Pharmacy and now owner-manager of Archdale Pharmacy. Grayson is active in the total life of the Archdale community which doubtless led to his being named winner of the Archdale-Trinity Jaycee Distinguished Service Award.

ROXBORO—While National Poison Prevention Week was in progress, The Medicine Shoppe at 701 North Main Street offered ten cents in merchandise credit for each old prescription container turned in to the pharmacy.

ROBBINSVILLE—Two persons were injured when a car jumped the curb and crashed through the front door and plate glass windows of DeLozier's Drug Store. The driver of the car was charged with reckless driving.

CANTON—Thrift Drug Store, owned and operated by John Lee Jones and his son, Steve, has expanded its facilities to include additional over-the-counter drugs as well as craft and flower items.

GREENSBORO—Jean Douglas, coordinator of Clinical Pharmacy at Moses Cone Hospital, was chosen as first place winner in the Young Careerist competition for District V of the North Carolina Federation of Business and Professional Women's Clubs. The district winner will compete with those from other areas in Asheville on June 6-8.

MAGGIE VALLEY—Dewayne Caldwell, a 1979 graduate of the UNC School of Pharmacy, has been accepted for a pharmacy residency program at Lutheran General Hospital, Park Ridge, Illinois.

ATTEND MEDICARE/MEDICAID FORUM IN CONOVER

The effectiveness of Medicare and Medicaid Programs from the standpoint of recipients and providers was the subject of a forum held in Conover at the Catawba County YMCA on May 23. The forum was sponsored by the Health Care Financing Administration, HEW.

The forum was divided into two parts. The morning session allowed recipients and recipient advocates of Medicare and Medicaid to voice their problems and concerns. The afternoon session was devoted to a similar type program for providers.

Pharmacy provider representatives of the NCPhA were Don Heaton, Sparta; Truman Hudson, Gastonia; Roger Spittle, Weaverville; James L. Patterson, Statesville; Prentiss L. George, Jr. and Robert W. Kiger, both of Shelby. TCC was represented by Shelton Brown.

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DISASTERS

Major and Minor

LINCOLNTON

Drugs with a street value of $15,000 were stolen during a break-in at Revco Discount Drug Center. Entry was by way of the front door which was smashed. Officers were alerted by the pharmacy's alarm system but arrived too late to prevent the drug theft.

WILMINGTON

An unlocked cash drawer in an upstairs office resulted in loss of $2,700 by Eckerd Drugs, 22 South Kerr Avenue.

SANFORD

Three Sanford men were arrested after they were discovered inside Bland's Drug Store, 716 Wall Street, shortly after midnight. Entry into the pharmacy was made after the back door was kicked open.

HENDERSONVILLE

A Hendersonville man was arrested by city police following a break-in at Justus Pharmacy, 303 North Main Street. An alarm system alerted police to the break-in.

EDEN

Two Eden youths received active prison sentences (12 to 18 years) after they pleaded guilty to breaking into Boulevard Drug Company and taking controlled drugs.

JAMESTOWN

Several watches, about 20 cartons of cigarettes and some 8-track tapes were stolen in a recent break-in at Edmond Drug, Foresdale Shopping Center. This was the second break-in at the pharmacy in a 30-day period.

GASTONIA

A ski-masked gunman who held up Jim Brown, Caldwell Drug Store, this past December, was sentenced to 7 to 12 years in prison. An accomplice received a 3-year sentence. $500 in cash and $700 in drugs were involved in the holdup.

SMITHFIELD

A Pittsburgh, Pa. man, while enroute to Maimi, Florida to attend the Super Bowl football game, stopped in Smithfield to holdup personnel of Upchurch's Pharmacy. In early April, the man was sentenced to serve a prison term of 10 to 15 years for his attempt to force the pharmacy to finance his Florida vacation.

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On request, a representative of the I. C. System will explain the collection program in detail.

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DUKE HOSPITAL PHARMACY SERVICES OPERATION SHOWS IMPRESSIVE GROWTH

The first full-time hospital pharmacist in North Carolina was Tom Reamer, who came to the State from John Hopkins Hospital, Baltimore, in 1931 to serve as Chief Pharmacist for Duke Hospital, Durham, and Associate in Pharmacy at Duke University School of Medicine.

To contrast hospital pharmacy in 1931 with conditions existing today, one is mighty impressed with the progress hospital pharmacy has made during the past fifty years. Certainly, if Mr. Reamer visited Duke Hospital Pharmacy today, he would note, for instance, the tremendous growth in personnel and personnel services. In 1931, Mr. Reamer probably had a staff of less than five, himself and an assistant plus a limited number of technicians. Today, the pharmacy staff totals more than one hundred, including about thirty pharmacists.

The current Director of Pharmacy Services at Duke Hospital is Milton W. Skolaut, who succeeded Mr. Reamer in 1970 following 17 years as Chief of the Pharmacy Department, Clinical Center, National Institutes of Health, Bethesda, Maryland.

The Assistant Director of Pharmacy Services at Duke is James C. McAllister, a graduate of the UNC School of Pharmacy. Mr. McAllister's major responsibility is the purchase of drugs and hospital supplies, usually on an annual contract bid basis, which totals in the millions of dollars each year.

In charge of the Out-Patient Pharmacy Clinic is Lloyd Riggsbee, who at one time operated Village Pharmacy in Chapel Hill with co-owner Bud Fox. In this connection, it can be noted that while the Duke Out-Patient Pharmacy does dispense a significant number of prescriptions, more than 1000 Duke Hospital-originated prescriptions leave the hospital each day where eventually they end up in hometown pharmacies.

A pharmacist's tour of the Duke operation, as conducted by Milton Skolaut, is an eye opener. Starting in the basement, where the manufacturing operation is carried on, to the satellite pharmacies, all staffed with pharmacists and technicians, that insure prompt and efficient service to various assigned areas of the hospital.

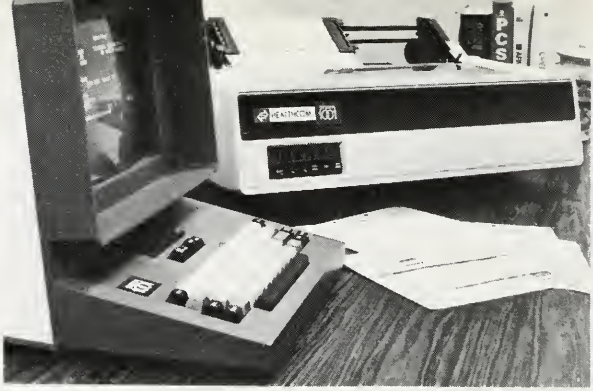
Supplementing this are drug carts and emergency drug boxes, readily at hand when needed but under lock and key. The Duke pharmacy staff takes special care to observe all state and federal regulations governing the storage and dispensing of drugs.

Scattered throughout the hospital, at strategic locations, is a completely automated system where, by putting in the patient's hospital number, a pharmacist can obtain the patient's up-to-date medication history so that, with the patient's nurse, drug therapy, as specified, is assured.

While the hospital pharmacy operation at Duke today is one of the largest in the South, further growth is certain in the future. When Duke North is staffed later this year, 1008 beds will be open to the public. This will necessitate more hospital pharmacists and more hospital pharmacy technicians.

Of all pharmacy specialties, North Carolina hospital pharmacy has shown the most significant growth in the past thirty years. A visit to Duke Hospital, preferably with Milton Skolaut as tour escort, will indicate why this is so.

MILTON SKOLAUT



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NORTH CAROLINA SOCIETY OF HOSPITAL PHARMACIST NEWS

Editor: James C. McAllister, M.S.

The Spring Meeting of the North Carolina Society of Hospital Pharmacists was held on May 4 at the Holiday Inn in Wilson, N. C. The theme of the meeting, "Federal Regulations Impending on Hospital Pharmacy Practice," was addressed by speakers Faye Matlock of the Food and Drug Administration, Dr. William Edmondson of Burroughs Wellcome Company, Bill Williams of the Eastern North Carolina Hospital, and Fred Eckel of the UNC School of Pharmacy. Patient Package Inserts and Unit of Use Packaging were the issues stressed in the presentations and the question and answer session.

The Summer Meeting of the NCSHP will be held on Friday, June 22 at the Burroughs Wellcome Auditorium in Research Triangle Park, N. C. This Burroughs Wellcome Residency Symposium will feature representatives of the four residency programs in North Carolina who will present the results of their research endeavors. A plaque recognizing the most outstanding research efforts will be awarded to an individual from each of the residency programs and to one non-resident NCSHP member. Following the business meeting and a social hour, the Society will dine at the Village Dinner Theatre and enjoy the stage production "Oklahoma."

The first edition of the new quarterly publication of the NCSHP, entitled "*North Carolina Hospital Pharmacy*" was distributed to Society members in April. *North Carolina Hospital Pharmacy* will report state and national issues affecting institutional pharmacists as well as Society news and program announcements. A complimentary copy of this first issue will be sent to any NCPhA member who sends a self-addressed, stamped envelope to Steve Dedrick, Executive Secretary, c/o Department of Pharmacy, Duke University Medical Center, Box 3089, Durham, NC 27710.

Mr. Ken Burleson, President of the NCSHP, announced committee appointments for his term in office. Chairmen of the committees are:

Jim McAllister
  Program Committee
Ed Frenier
  Membership Committee
Bob Allen
  Nominations Committee
Jean Robinson
  Elections Committee
Bruce Winkelman
  Economic Status Committee
Charles Pulliam
  Drug Utilization Review Committee
Ralph Raasch
  Hospital Pharmacy Practice Committee
Tom Taylor
  Legal and Regulatory Affairs Committee
John Smothers
  Parenteral Therapy Committee
Fred Brown
  Pharmaceutical Mfg. Liaison Committee
Richard Mercer
  N. C. Nurses Assoc. Liaison Committee
Peggy Gebhardt
  Special Awards Committee

A new Personnel Placement Service has been initiated by the NCSHP for positions in institutional practice settings. Interested individuals should contact Steve Dedrick, Executive Secretary, for details.

"YOU SAY YOUR KNEES GIVE YOU TROUBLE IN PLANES AND SMALL FOREIGN CARS. . . ."

LOOK WHAT'S BECOME OF THE MORTAR AND PESTLE.

It's where pharmacy is today. And tomorrow's pharmacists are learning about it right now.

Change is constant in the pharmaceutical industry. New classes of drugs are being developed. Computer technology is expanding horizons from research to drug synthesis to final manufacture. New precision equipment is helping to produce consistently reliable products. New marketing techniques are evolving. And new government regulations are being proposed which could affect the way pharmacy is practiced.

These changes are taking place at a rapid pace—so rapid, in fact, that the Pharmaceutical Manufacturers Association has created a unique educational program to help keep pharmacy school faculty, students and practicing pharmacists aware of current industry practices.

THE PMA PHARMACY FACULTY PROGRAM. REACHING THE PROFESSION THROUGH THE PHARMACY PROFESSOR.

Now in its fourth year, the PMA Pharmacy Faculty Program is an invitation to educators to see firsthand what's going on in the pharmaceutical industry. Participants in the program spend two weeks at the facilities of a major pharmaceutical firm, taking part in a series of daily conferences with its scientists and executives. During this time, they get an overview of industry, technology and approaches associated with research and development, marketing and distribution, production and quality control.

These faculty members can then bring back the knowledge gained to their students in the classroom, and to you, the practicing pharmacist, in continuing education programs.

The PMA Pharmacy Faculty Program. It's one of the things we're doing to help keep the profession up to date on industry operations.

For more information write to PMA, attention: Dr. John S. Ruggiero.

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JO TRAVIS WINS RALPH P. ROGERS, SR. PHARMACY ADMINISTRATION AWARD

Jo Marlene Travis was presented the Second Annual Ralph Peele Rogers Memorial Award in ceremonies at the Hope Valley Country Club, Durham.

Miss Travis was chosen on the basis of meritorious performance in the field of pharmacy administration. A third-year student at the UNC-CH School of Pharmacy, she was also judged on participation in class and through personal interviews.

She is the daughter of Mr. and Mrs. James Travis of Raleigh, who also attended the dinner.

The Award is named in honor of the late Ralph P. Rogers, Sr. of Durham, who served as President of the N. C. Pharmaceutical Association, a Director of the N. C. Pharmaceutical Research Foundation, and as a leader in the religious life of his city. He operated Rogers Drug Company there for more than fifty years.

Participating in the dinner program were Dr. Tom S. Miya, Dean of the UNC School of Pharmacy, Herman Lynch of Dunn, NCPhA President, Dr. Jean Paul Gagnon, Director of Pharmacy Administration, and W. J. Smith, NCPhA Executive Director (retired) who served as presiding officer.

The eldest son of the late Mr. and Mrs. Rogers, Ralph P. Rogers, Jr., presented the award. Another son, James Clinton Rogers of Durham, and a daughter, Elizabeth Rogers Millar of Winston-Salem were also present.

Jo Marlene Travis of Raleigh, winner of the 1979 Ralph P. Rogers, Sr. Pharmacy Administration Award, is pictured with the program participants; left to right: Herman W. Lynch, Ralph P. Rogers, Jr., Professor Jean Gagnon and Dean Tom Miya. Photo by Colorcraft.

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KAPPA PSI SCHEDULES CENTENNIAL ANNIVERSARY CELEBRATION

In 1979 Kappa Psi professional pharmaceutical fraternity will celebrate its 100th anniversary. To commemorate this occasion, Kappa Psi is planning to celebrate this historic event at its 39th Grand Council Convention to be held August 5-10th at the Marriott's Camelback Inn in Scottsdale, Arizona.

Throughout the last 100 years, Kappa Psi has always maintained its high ideals and ethical standards in supporting and promoting the profession of pharmacy. When Kappa Psi was founded 100 years ago, no one could possibly foresee that it would endure so long and that it would have influenced the lives of so many individuals. The record of success and the many outstanding contributions could have been achieved only by the kind of loyalty and service which one sees at its best in an American college fraternity.

I would like to encourage all of our membership to become informed of our centennial activities. If you are not on our mailing list, or have not been receiving our official publication, The Mask, please contact the Central Office at the following address:

Kappa Psi Pharmaceutical Fraternity
The Central Office
1350 W. Robinhood Drive, Suite 3
Stockton, CA 95207

Kappa Psi has published a Centennial Anniversary Commemorative Book and also has produced a Commemorative Decanter that is available to our membership. Help us make our centennial a success by letting our national office know where you are so we can keep you informed of our activities.

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Place: The Hilton Inn, Greensboro, North Carolina
Subject: Drug Interactions
Sponsored by: University of North Carolina School of Pharmacy at Chapel Hill
The North Carolina Pharmaceutical Association

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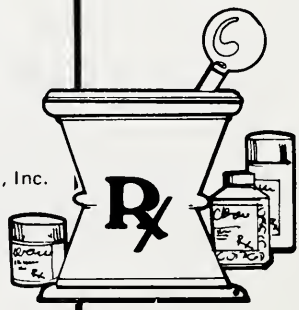

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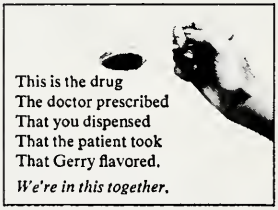

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Alpha-hemolytic streptococci (viridans group)—Short-term prophylaxis of bacterial endocarditis prior to dental or other operative procedures in patients with a history of rheumatic fever or congenital heart disease who are hypersensitive to penicillin.

S. aureus—Acute infections of skin and soft tissue of mild to moderate severity. Resistant organisms may emerge during treatment.

S. pneumoniae (D. pneumoniae)—Upper and lower respiratory tract infections of mild to moderate degree.

M. pneumoniae — For respiratory infections due to this organism.

Hemophilus influenzae: For upper respiratory tract infections of mild to moderate severity when used concomitantly with adequate doses of sulfonamides. Not all strains of this organism are susceptible at the erythromycin concentrations ordinarily achieved (see appropriate sulfonamide labeling for prescribing information).

Treponema pallidum—As an alternate treatment in patients allergic to penicillin.

C. diphtheriae and C. minutissimum—As an adjunct to antitoxin. In the treatment of erythrasma.

Entamoeba histolytica—In the treatment of intestinal amebiasis.

L. monocytogenes—Infections due to this organism.

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Contraindications:

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Warnings:

Safety for use in pregnancy has not been established.

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FDA ACTS TO REMOVE FUROSEMIDE ILLEGALLY MARKETED BY 3 FIRMS

The Food and Drug Administration has warned patients who are taking the prescription diuretic furosemide that three manufacturers have illegally marketed tablets that may be ineffective and therefore harmful to patients who need the drug.

FDA advises patients taking furosemide to be sure the name Hoechst is on the tablets. Hoechst, the only manufacturer with FDA approval to market furosemide, sells it under the trade name Lasix.

Patients taking furosemide tablets that do not have the Hoechst name on them should ask their pharmacist for a replacement. Patients who are unsure whether they have the Hoechst product should contact their pharmacists.

The three manufacturers that illegally marketed unapproved versions of the drug are Pharmadyne Laboratories, Hackensack, New Jersey; Camall Company, Washington, Michigan; and Superpharm Corporation, Central Islip, New York. All have suspended marketing, but patients and pharmacies may still have these illegal tablets in their possession.

FDA has asked the companies to recall remaining tablets from the market. Camall and Superpharm have agreed. Pharmadyne said it would let FDA know today whether it intends to recall its product.

The Pharmadyne tablets, which are white, can be identified because the name of the company is impressed in capital letters on one side. The Camall and Superpharm tablets are colored off-white but have no names on them.

Diuretics like furosemide help eliminate fluids from the body. Furosemide may be taken by patients with heart disease, kidney disease, cirrhosis of the liver or high blood pressure.

While the illegal versions made by the three companies were distributed nationally, they are believed to represent only a small percentage of the furosemide on the market. Therefore, most patients taking furosemide are taking the FDA-approved Lasix.

Furosemide is one of many prescription diuretics approved by FDA; no other diuretics are involved in this action. The action affects only tablets of furosemide; other dosage forms are not affected.

FDA recently received five reports of patients who became worse because Pharmadyne's version of the drug was not effective in removing fluid caused by their heart conditions. FDA has confirmed four of these reports.

Three of these patients were hospitalized as a consequence of taking the unapproved version of the drug. The fourth patient already was hospitalized but became seriously ill after taking it. Three of the four patients recovered after switching back to Lasix; FDA does not have updated information on the fourth.

FDA believes the likely cause of the problem is that the illegal versions of the drug may not be absorbed by the human body (i.e., be bioavailable) and therefore may not accomplish their intended therapeutic effect.

FDA began legal action last fall to prevent sale of the illegal Pharmadyne product.

When FDA learned that Pharmadyne was marketing furosemide without its approval, it began seizing the illegal drugs. Pharmadyne challenged FDA's seizure actions in court, however, and continued to distribute the drug. On March 14, the U. S. Court of Appeals for the Third Circuit in Philadelphia upheld FDA's authority to seize the drugs.

Following this decision, on March 28, FDA seized furosemide tablets valued at $250,000 at Pharmadyne's Hackensack plant. FDA asked the three companies to recall the remaining stock from pharmacies, hospitals and doctors because recall is the most effective means of removing drugs from the market.

NCPHA PRESIDENT LYNCH CONFERS WITH SENATOR MORGAN

On a recent visit to Washington, NCPhA President Herman Lynch conferred with Senator Robert Morgan relative to various pharmacy issues. Later, The Dunn Daily Record spotlighted the conference by running a 2-column pictorial spread featuring President Lynch and Senator Morgan.

The Daily Record quoted President Lynch: "I feel that Senator Morgan is doing a fantastic job for the people. He has his feet on the ground more than almost anybody you can name in Washington."

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FOUNDATION TO PUBLISH RUCKER/VISCONTI FORMULARY STUDY

A 218-page study on the effectiveness of hospital drug formularies will be published by the ASHP Research and Education Foundation.

The publication, titled "How Effective are Drug Formularies? A Descriptive and Normative Study," was prepared by T. Donald Rucker, Ph.D., and James A. Visconti, Ph.D., of the Ohio State University College of Pharmacy in Columbus, OH. The project was supported by a basic grant from the Food and Drug Administration (FDA).

The publication should be of special value to pharmacists who wish to improve their hospital formularies. In addition, the book will be of interest to all members of hospital pharmacy and therapeutics committees and to administrators and researchers involved in organized efforts to improve the quality of drug prescribing.

The study describes the varieties of formats and organizations of hospital formularies and evaluates the ability of formularies to discriminate in the drug selection process. Results of the study are based on information supplied by 52 hospitals using the formulary system: 44 of the hospitals in the study are university-affiliated institutions.

A study of 12 Medicaid formularies supplements the hospital formulary study.

Among the major findings of the study:

*An estimated 40 to 50 percent of hospitals do *not* use formularies.

*Many formularies carry preparations that are redundant and of little therapeutic value.

*Drug product selection by formularies was *not* improved measurably in hospitals affiliated with a pharmacy college, a medical school's department of clinical pharmacology, or a clinical pharmacy program.

*Selectivity was significantly greater in formularies with explicit statements requiring that requests for formulary additions be written and justified on the basis of *relative* product superiority.

*Formularies in existence for eight years or longer exhibited significantly better drug product selection.

The publication also provides the following useful information for someone preparing a hospital formulary:

*A list of the 230 drug products found in 90 percent of the formularies studied.

*A list of 33 drug product dosage forms judged to be of questionable value.

*A table of dosage forms that probably should *not* be included in any formulary.

*A suggestion that price controls are of value only if the formulary is arranged by pharmacologic-therapeutic classes.

*Lists of supporting sections to hospital formularies (e.g., hospital regulations, economic considerations and rules).

Cost of the publication is $12.50. Prepaid orders should be sent to: ASHP Research and Education Foundation, 4630 Montgomery Ave., Washington, D. C. 20014.

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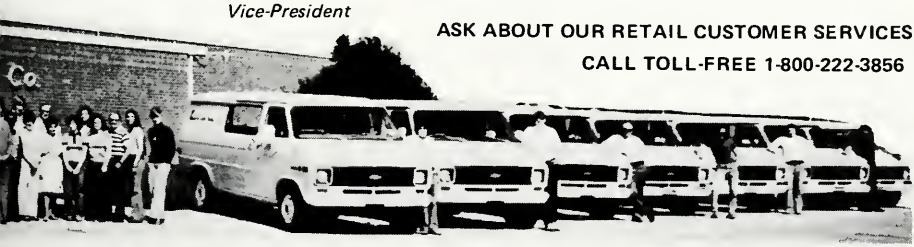

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CAR TOWED IN RALEIGH

Cary D. Allred of Burlington, a defeated candidate for the State Senate in the 1978 general election, in Raleigh for a committee hearing on the Drug Product Selection Bill, returned to his car to learn that it had been towed away.

Allred, chairman of the Alamance County Republican Party, is associated with Econo Med Pharmaceuticals, Inc. of Burlington.

McDONALD JOINS INFORM INC.

Hickory pharmacist William R. (Bill) McDonald, currently president of the Hickory Merchants Association, has joined Inform Inc. as director of sales and development.

Inform Inc. is a Hickory-based communications agency with offices in Hickory, Durham, Charleston and Columbia.

Mr. McDonald is part owner of WIRC-WXRC and is secretary of both Carolina Tackle Inc. and Hickory Wood Turning and Carving Company. He is vice president and director of First Savings and Loan Association and a director of North Carolina National Bank.

PAOLONI RECEIVES AWARD

Associate Professor Claude U. Paoloni, UNC School of Pharmacy Director of Pharmacy Area Health Education Centers, was the recipient of a plaque at a recent Statewide AHEC meeting in Boone.

The plaque was presented to Professor Paoloni on behalf of pharmacists in AHEC in appreciation of his leadership and support.

Paoloni has been pharmacy director since the inception of the Area Health Education Centers program in 1972. He is also Director of Continuing Education and Externship Program for the School of Pharmacy.

DANIELS/ADAMS BUY COPELAND DRUG

H. H. Daniels, president of Copeland Drug Company and Capps-Daniels Drug, and Mike Adams, manager of Copelands, have purchased the Copeland Drug main street property in Ahoskie.

The current owners plan to add a new front to Copeland Drug and do extensive remodeling to the interior of the pharmacy.

We're listening, Jacksonville

"I'm convinced that good working relationships with your employees is one of the most challenging aspects of pharmacy management today," says Pharmacist Gilbert Weise of Jacksonville, Fla.

"Your employees' attitudes towards their jobs will affect the way your customers are treated. These attitudes can build or destroy the professional image you're trying to achieve. They can be critical influences on sales and profitability. What I'm saying is that satisfied, motivated employees are very important to the success of a pharmacy operation."

We hear you, Gilbert Weise

One of SK&F's many services for community pharmacists is a new program called "Understanding and Motivating Pharmacy Employees." It introduces participants to many of the personality and motivational factors in dealing with people in work environments.

The program is designed to last two hours, with open discussion among participants. A 40-minute video tape is included with program materials. In many states, this program can qualify participants for Continuing Education credit.

Interested? Contact your SK&F Representative or place a toll-free call to Jordan Johnson, R.Ph., SK&F's Manager of Pharmacy Relations (800) 523-4835.

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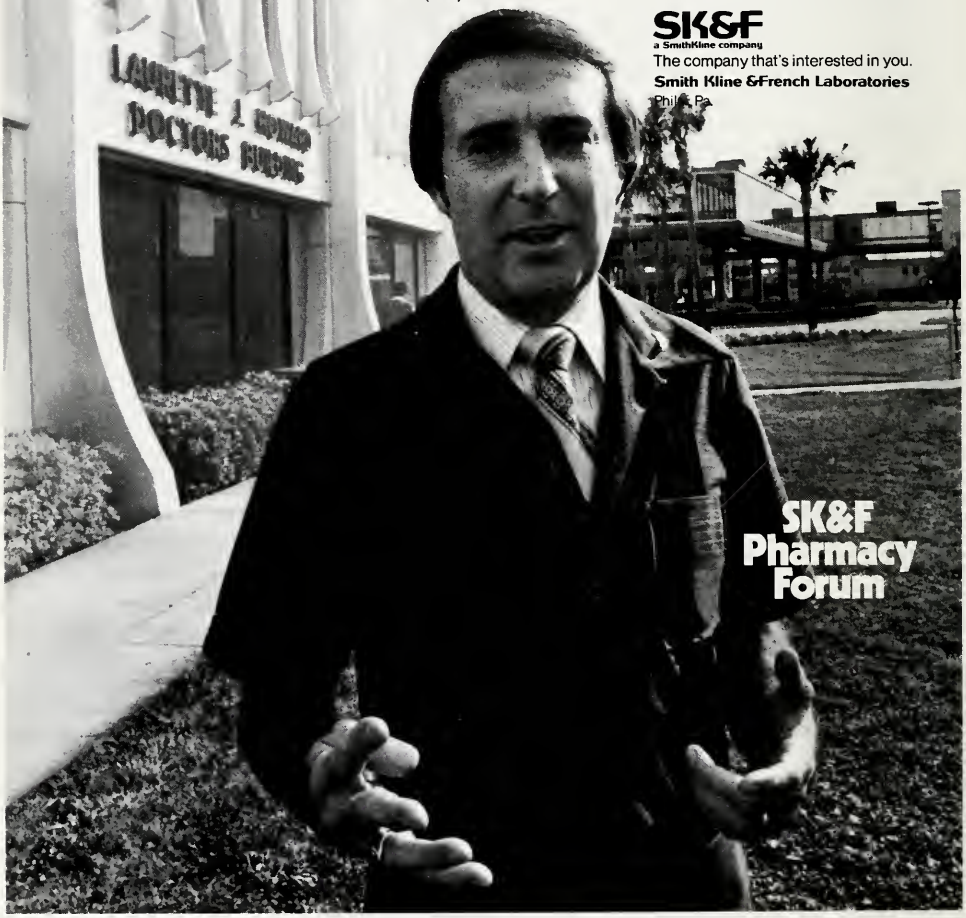

DROP IN BLOOD POTASSIUM TIED TO DELIRIUM TREMENS

A Swedish study has revealed that a lowering of blood potassium levels precedes delirium tremens in alcoholics undergoing detoxification. Among 37 hospitalized alcoholic patients between ages 50 and 66, delirium tremens developed in 26. In all these patients, the blood potassium level was observed to drop sharply until delirium tremens developed and return rapidly to normal when the attack ended. The 11 patients who did not develop delirium tremens showed no change in blood potassium levels.

All patients in the study were admitted to the hospital after a bout of heavy drinking. None were suffering from malnutrition, diabetes, cirrhosis of the liver or severe gastrointestinal disturbance upon admission and all were given a diet of water, mineral water, fruit juice and normal food during the study. All of the patients exhibited low but normal blood potassium levels at the beginning of the study, and urine potassium levels remained unchanged in those delirium tremens patients tested

The change in blood potassium, say the investigators, was not associated with any other change in blood chemistry or acid-base balance. Moreover, they note, low blood potassium level is not a consequence of alcoholic alkalosis. One hypothesis put forth is that for reasons not fully understood there is a rapid redistribution of potassium within the body with a sudden intracellular potassium uptake immediately prior to the onset of delirium tremens.

J. Wadstein and G. Skude, University of Lund, Malmö General Hospital, Malmö, Sweden, The Lancet, September 9, 1978.

GASOLINE SNIFFING SEEN TO CAUSE LEAD POISONING AND NEUROLOGIC DAMAGE

Gasoline sniffing, which to some is a means to an easy "high," is a double-edged sword. Not only is the gasoline vapor toxic, but the tetraethyl lead (TEL) it contains causes lead poisoning. Moreover, the lead toxicity arises both from the TEL itself and the accumulation of inorganic lead obtained by breakdown of TEL within the body. Both lead and TEL result in degenerative damage to the brain and nervous system.

Symptoms of TEL poisoning appear about one week after exposure to the substance. Insomnia, nausea, vomiting and diarrhea are the initial signs, but they give way to increasing irritability, restlessness and anxiety. These may be masked by the symptoms of gasoline intoxication, however, until the accumulation of poison in the body becomes large. One recent report cites the case of a 14-year-old boy who, after sniffing gasoline several hours daily for several hours, developed severe neurological disease and died of extensive brain, liver and kidney damage.

The few previous reports of gasoline intoxication and TEL posioning have been restricted to workers engaged in cleaning gasoline storage tanks. However, says one physician, "considering the universal availability of leaded gasoline, its low cost, the relatively small amount of vapor required to produce intoxication and our drug-oriented society, it is surprising that so few cases of gasoline sniffing with resultant lead poisoning have been reported."

R. O. Robinson, Department of Neurology, University of Kentucky Medical Center, Lexington, Journal of the American Medical Association, September 22, 1978.

LILLY DEFENDS KEFLEX PATENT RIGHTS

Eli Lilly and Company filed suit against Lark S.P.A., of Milan, Italy, charging the firm with inducing infringement of Lilly patent rights covering cephalexin, an antibiotic which Lilly developed and markets under the trademark Keflex®. The suit was filed in the U. S. District Court of New Jersey.

Lark supplies bulk cephalexin to Federal Pharmacal, Inc., of Kingshill, St. Croix, Virgin Islands, and Premo Pharmaceutical Laboratories, Inc., of Hackensack, New Jersey.

In a separate action brought late last year in the same court, Lilly has filed a motion for a preliminary injunction against the sale of cephalexin by Federal and Premo. That motion has been heard by the Court and is awaiting decision.

While Lilly has been highly active in protecting its patents by filing legal actions against U. S. firms infringing its patent rights on products, the new suit marks the first time Lilly has taken legal action against a foreign company that is supplying the infringing material to U. S. firms. Lilly stated that it will continue to use all appropriate lawful means in defending its patent rights against infringers wherever they may be located.

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The pharmacist and the pharmacist's employer, if any, provides Pfizer with prompt notice of the claim or lawsuit and fully cooperates with Pfizer in the defense of the claim or lawsuit.

Pfizer PHARMACEUTICALS

WAKE COUNTY PHARMACEUTICAL AUXILIARY

The Wake County Auxiliary has had a busy and interesting year. Genie Coats, Reporter/Historian writes us that the February meeting was a Sweetheart covered-dish dinner for members and husbands. "This has become an annual occasion looked forward to by all," she said. The treasurer reported that the auxiliary had made more than $500 from the sale of pocket calendars and knives.

Mrs. Coats continued, "Since our president is always looking for original themes for our meetings, April's gathering—for a change—was in her 'van' in the Sears parking lot. The slate of officers for 1980 was elected, after which wine and cheese were served to a disbelieving, giggly membership. We had experienced a 'first'."

ALAMANCE PHARMACEUTICAL SOCIETY

Reported by Web McAdams

The guest speaker for the March meeting of the Society was Dean Shelton, MSR of Burroughs Wellcome Company, who spoke on digoxin therapy from a pharmacist's perspective, supplemented by a film on digoxin therapy.

During Poison Prevention Week, members of the Society distributed hundreds of bottles of Ipecac and many thousands of pieces of literature. Billboards, radio and newspaper messages generated much interest from the community in Poison Prevention Week. Mayor Bill Durham officially proclaimed Burlington Poison Prevention Week.

GUILFORD COUNTY SOCIETY OF PHARMACISTS

Reported by J. Frank Burton

The Guilford County Society of Pharmacists met on Wednesday, April 11, 1979 at 8:00 PM in the Thompson Auditorium at Wesley Long Hospital. Guest speaker for the meeting was Mr. Al Mebane, Secretary-Treasurer of the North Carolina Pharmaceutical Association. Mr. Mebane discussed pending legislation in the N. C. General Assembly that will effect pharmacy practice in North Carolina if passed, specifically the Drug Product Selection bill introduced in the House by Rep. B. P. Woodard, and supported by the N.C.Ph.A. Mr. Mebane also reported that a bill requiring prescription labels to contain the date filled or refilled and the quantity dispensed stood a good chance of passing in this General Assembly.

During the business session following the program, Joe Johnson discussed the Tel-Med Program sponsored by the Guilford County Health Department, and asked that retail pharmacists participate. Program Chairman Charles Murphy announced the program for the May meeting, and following a few other business items, then meeting was adjourned.

REVISED DIARRHEA DEFINITION, KAOPECTATE CATEGORIZATION SOUGHT

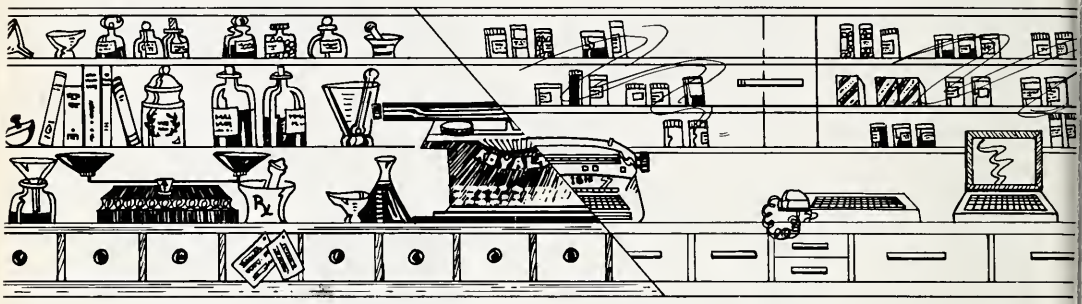
FDA is delaying publication of a tentative final over-the-counter (OTC) monograph for antidiarrheal drugs while the agency reviews a new definition for diarrhea and new clinical data submitted by *Upjohn* for Kaopectate and Kaopectate Concentrate. The preparations' ingredients, kaolin and pectin, were placed separately and in combination in a "need further study" category in 1975 by an OTC panel.

Upjohn pressed FDA in a March 7 petition to add its products to those judged safe and effective in the proposed monograph on the basis of study results "which were not available to the Antidiarrheal Panel in the course of its deliberations."

Not only do its new studies show that a fixed kaolin and pectin combination effectively improve stool consistency in acute nonspecific diarrhea, Upjohn told FDA, but findings shed new light on antidiarrheal drugs as a class. The studies indicate that antidiarrheal products fall into two classes: (1) drugs, such as *Searle's* Lomotil, which are absorbed by the body and reduce frequency of bowel movements; and (2) non-absorbed drugs, such as Kaopectate, which increase stool density.

These findings render obsolete the 1975 OTC panel's definition of diarrhea—"abnormally frequent passage of watery stools"—as well as the panel's requirement that manufacturers demonstrate significant effects on both the frequency and consistency of stools in order to prove effectiveness for their antidiarrheal products.

TIME TO MODERNIZE?



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MARRIAGES

Miss Lauralyle Alvah Johnson and Mark Kaye Weaver were united in marriage March 20th at the Chapel on the Boardwalk Presbyterian Church in Wrightsville Beach. The Rev. Scott Lindsay officiated.

The bride is a graduate of the University of North Carolina School of Pharmacy and is assistant manager of the Revco Drug Store at King's Plaza, Wilmington. The bridegroom is a registered pharmacist with the Kroger Company Pharmacy in Wilmington. The couple will reside at Carolina Beach.

Miss Dianne January of Marion and *John Rogers Uhrin* of Virginia Beach, Virginia were married March 17th in Saint Leo's Catholic Church in Asheville. The Rev. Joseph Mulligan conducted the ceremony.

The bride and bridegroom are both graduates of the University of North Carolina School of Pharmacy at Chapel Hill. She has been employed by Family Mart in Winston-Salem as a pharmacist. He is employed as a sales representative for Eli Lilly and Company in Virginia Beach.

BIRTHS

Mr. and Mrs. Randy Spainhour of Burgaw announce the birth of a son, Adam Randolph on December 29, 1978. Randy graduated from the University of North Carolina School of Pharmacy in 1974 and is a member of Kappa Psi. Adam has one sister, Lindsay, age 2.

DEATHS

ALMAN B. BUTLER

Alman Byron Butler, age 85, Clinton pharmacist, died March 5 in Sampson County Memorial Hospital.

A graduate (1916) of the UNC School of Pharmacy, Mr. Butler founded Butler's Pharmacy in Clinton in 1919. While the pharmacy was sold some years ago, it still operates under the original firm name.

Mr. Butler was a founder of the Clinton Savings and Loan Association and was president and chairman of the board of directors at the time of his death. A housing project for the elderly in Clinton is called "Byron Butler Courts" in honor of his efforts to establish the project.

Surviving are one daughter, Mrs. Doris B. Stewart of Clinton; two granddaughters and two great-granddaughters.

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   Excellent growth potential
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5. Volume: $200,000.00
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   Located in only shopping center in town
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   Eastern North Carolina

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Carolyn Clayton, Editor

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DEAN'S MESSAGE

To the graduating class the heartiest of congratulations! It may be trite to say that your future is in your hands, but it is. Not only is your personal future in your hands, but you will be playing a significant role in the destiny of the profession.

Pharmacists are the most underutilized health professionals. This comes about for a variety of reasons, but, most importantly, we have an image and inertia problem. Space does not permit detailed reasons why this is the case. Make your own list of reasons, and they will, I'm sure, match up rather well with those which have been compiled. Professional image is a reflection of the actions of individual pharmacists. The inertia I hope can be overcome by self-starting pharmacists rather than by a push from the federal government by way of legislations. My hope is that you will take pride in your education and your knowledge and potential to deliver the highest level of pharmaceutical services with integrity and sensitivity.

Pharmacy has made significant strides, particularly in the decade of the seventies, but there is much more we need to accomplish. The profession is dependent on you, the new crop of graduates; its expectations of what you will be able to accomplish are indeed high.

As new pharmacy graduates I hope that each of you will participate in the profession with a sense of obligation to the future.

On behalf of all the faculty and staff, I wish you God speed.

DEAN MIYA HONORED AT WAYNE STATE

Dean and Mrs. Miya were in Detroit on April 28th where he received the Wayne State University Award for Outstanding Contributions to Pharmacy. He was recognized for his many research publications in the area of pharmacology and toxicology, for his involvement in state and national affairs, and for the academic impact his graduates have had in schools of pharmacy. His signature occurs as one of the signers of the articles of incorporation of the American Association of Colleges of Pharmacy under its reorganized structure.

Dr. Miya is a past president of the American Association of Colleges of Pharmacy and currently is serving as President of the Society of Toxicology. He was a member of the Steering Committee for Continuing Competency sponsored by the American Pharmaceutical Association and the American Association of Colleges of Pharmacy which led to the publication, "A National Study of the Practice of Pharmacy." He was also cited for his involvement in the work of the Task Force on Health Planning and Pharmacy Practice in North Carolina.

BURROUGHS WELLCOME FLIES PHARMACY STUDENT TO ALASKA

For the fourth consecutive year, Burroughs Wellcome Co. is providing airfare to send a pharmacy student to Alaska for the summer.

Debbie Wellons, a senior pharmacy student at the University of North Carolina (UNC), has been selected to participate in a program established by the Alaska Society of Hospital Pharmacists. She will work as a volunteer pharmacy intern at the Alaska Native Hospital in Anchorage. The hospital will provide her room and board.

The program was designed to help alleviate Alaska's shortage of pharmacists by encouraging students to make a career in community pharmacy. It is administered by Emil Cekada, a chief pharmacist employed by the Alaska Area Native Health Service and a graduate of UNC.

Wellons is the fourth UNC student to take part in the summer program. Burroughs Wellcome, and other pharmaceutical companies, donate financial support.

RHO CHI SOCIETY INDUCTION

Twenty-seven undergraduate students, eight graduate students, and one faculty member were inducted into the Rho Chi Society at ceremonies held at Research Triangle Park, N. C. on April 26, 1979.

Rho Chi is an honorary pharmacy society which recognizes students who attain not less than a 3.0 grade point average, and are in the top 20% of their class. In addition, the selected student must possess strength of character, personality and leadership. Mr. A. Wayne Pittman is faculty advisor to the group.

Student Initiates

Janet Lynn Alexander
Michael Callais Allen
Edward Ball
Kathleen Irene Cahill
Sarah Key Clark
David Ralph Coppala
Benjamin Scott Dinkins
Patricia Ann Ferrell
Sarah Lipscomb Fesperman
Janice Catherine Goss
Karen Knox Hayes
Marla Rene Hersh
Rita Tony Hill
Benjamin M. Holder, Jr.
Cynthia Lynn Hoover
Laura Christine Jordan
Katherine Kemp
Earl Wendell Key, Jr.
Robin Annette Kluttz
Winston Earl Lane, III
Patsy Elizabeth Millar
Gail Cecelia Molic
Donna Taylor Moseley
Susan Cronin Scott
Georganne Sebastian
Mary Cecelia Sherrill
Joey Kent Sigmon

Graduate Student Initiates

Joni Ingram Berry
Gregory Alan Conway
Danny Ray Dalton
Herbert Hoover Farrish, Jr.
Earle William Lingle, Jr.
Gregory Keith Rice
Paul Robert Webster
Wallace Leon Williams

Faculty Initiate

Hani M. Sadek

The following new officers, XI Chapter 1979-1980 were also installed at the ceremony.

President, Benjamin Scott Dinkins; Vice President, Mary Cecelia Sherrill; Secretary-Treasurer, Sarah Key Clark; Historian, Gail Cecelia Molic.

STRAUGHN RECEIVES DISTINGUISHED SERVICE AWARD

Dr. William R. Straughn, Jr., Professor of Bacteriology, School of Medicine, received the 1979 School of Pharmacy Distinguished Service Award.

The award, an engraved mortar and pestle, is presented to an individual other than a student or a member of the Pharmacy Faculty who has made outstanding contributions to the instruction, research, and/or service functions of the School of Pharmacy.

Dr. Straughn, who retires this year, has taught a support course in Bacteriology specifically for pharmacy students for the past decade, touching the careers of over 1500 pharmacy students.

He holds a M. S. in Bacteriology from Cornell University, Ithaca, New York, and a Ph.D. in Microbiology from the University of Pennsylvania, Philadelphia. He has taught bacteriology at the University of North Carolina since 1944. From 1969-1976 he served as Director of Admissions for the School of Medicine at UNC.

RAASCH WINS CAMPUS TEACHING AWARD

At the last Faculty Council Meeting of the Year Chancellor Ferebee Taylor presented seven UNC faculty members awards for superiority in teaching. The awards are given annually on the basis of student and faculty nominations. At the ceremony Dr. Ralph H. Raasch, Assistant Professor, Division of Pharmacy Practice was presented one of the four Tanner Awards, "for excellence in inspirational teaching of undergraduates." The $1000 awards, which are provided annually as an endowment from the Tanner family of Rutherfordton, were first presented in 1955

by Kenneth Tanner (AB '39) to honor his parents, Lola Spencer and Simpson Bobo Tanner, Sr.

When several of Dr. Raasch's students in Pathophysiology and Therapeutics were asked why they felt he had received a Tanner Award they commented that, "he presented the real heart of the issues . . . giving them the background to research further points on their own with greater understanding." They also felt that "they could approach him at anytime for individual attention," and that, "he instilled excitement in their learning why particular drugs are administered in various disease states."

Dr. Raasch came to UNC as an instructor in 1976 after receiving a B. S. from the University of California at Davis and a Pharm.D. from the University of California at San Francisco.

HADZIJA SELECTED BEST INSTRUCTOR

Dr. B. W. Hadzija, Associate Professor, Division of Pharmaceutics was honored as Best Instructor for 1978-79 at the Annual School of Pharmacy Awards Program.

The recipient is selected by the graduating class as the faculty member who has demonstrated the highest qualities of instructional ability based on the following criteria: 1) best presentation of material; 2) most interest in students; 3) fair and relevant quizzes and; 4) most contribution to students' pharmaceutical knowledge.

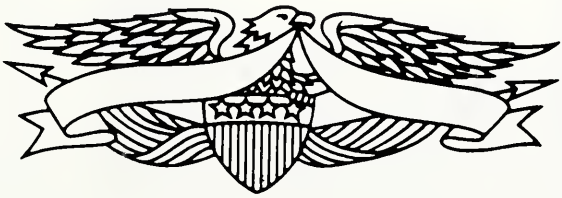
A 1975 recipient of the UNC-CH Tanner Award for excellence in teaching, Dr. Hadzija received her B.S., M.S. (Pharm), and Ph.D. from the University of Zagreb in Yugoslavia. She taught at the University of Connecticut and the University of Ghana before joining the School of Pharmacy faculty in 1971.

PHI LAMBDA SIGMA INDUCTION

At an installation program held at the School of Pharmacy, on Thursday afternoon, April 19, fifteen students and five faculty members were honored by induction into Phi Lambda Sigma, an Honorary Pharmacy Leadership Society. The Society, a national one, was organized several years ago at Auburn University to recognize outstanding qualities of leadership among individuals in the pharmacy profession.

Students inducted into the local chapter were Janet Alexander, Randy Gray Ball, Kathleen I. Cahill, Stephanie Yvonne Crawford, Eula Mae Daniel, Stephanie Marie Durham, William L. Greene, Elena Juliana Holak, Keith A. Hatch, Theodore K. Kyle, Jan Gray Lassiter, Gail Cecelia Molic, Georganne Sebastian, Patti Kim Rouse and Mary Claire Sherrill.

Faculty members elected were Drs. George P. Hager, Lawrence J. Hak, Iris H. Hall, K. H. Lee and Jean Paul Gagnon. Current officers of the Society are President Charla Smith, Vice-President Judith Atkins and Treasurer Ray Burke. Dr. Larry Loeffler serves as faculty advisor to the society.



1979 AWARD WINNERS

Congratulations to the following senior award winners:

Jacquelin T. Harrell
(Burlington)

PHARMACY FACULTY AWARD—Awarded annually to the graduating student who has attained the highest scholastic average during the four years of professional study.

M. L. JACOBS AWARD—Awarded annually to the graduating student who has demonstrated the greatest excellence in Medicinal Chemistry. Sponsor: Xi Chapter of Rho Chi; in honor of the memory of Dr. M. L. Jacobs, Dean of the School of Pharmacy, 1946 to 1950.

Patsy E. Millar
(Winston-Salem)

NCPRF SPECIAL AWARD—This is *not* an annual award. Presented in 1979 to a senior student for unique local, regional and national contributions in pharmacy education and practice.

DIVISION OF PHARMACY PRACTICE ACHIEVEMENT AWARD—An award to a graduate who has demonstrated a high degree of professional motivation and concern about the role of the pharmacist in the delivery of health care.

Frances Lura Rader
(Mooresville)

PHARMACY STUDENT BODY AWARD—Awarded annually to a member of the graduating class who has demonstrated the highest qualities of character, deportment, scholarship, participation in extracurricular activities and promise of future distinction in the profession of Pharmacy. Sponsored by The Student Body of the School of Pharmacy. This award was presented by the Chancellor.

LILLY ACHIEVEMENT AWARD—Awarded to a graduating student for superior scholastic and professional achievement. Sponsor: Eli Lilly and Company.

R. Dewayne Caldwell
(Maggie)

UPJOHN ACHIEVEMENT AWARD—Awarded to a graduating student for performance of outstanding services to the School of Pharmacy. Sponsor: The Upjohn Company.

STUDENT BODY PRESIDENT AWARD—Awarded annually to the President of the Student Body. Sponsor: The Student Body of the School of Pharmacy.

Susan D. Brittingham
(Columbia, S. C.)

KAPPA EPSILON AWARD—Awarded annually to a fourth or fifth year woman student who has demonstrated outstanding qualities of leadership, character, service and scholarship. Sponsor: Lambda Chapter of Kappa Epsilon.

MERCK AWARD—Awarded annually to graduating students for noteworthy achievement in Pharmacy. Sponsor: Merck & Company, Inc.

Edwin Reid Costner
(King's Mountain)

REXALL AWARD—Awarded annually to a graduating student for high achievement in Pharmacy Administration studies. Sponsor: Rexall Drug Company.

William L. Greene
(Boone)

SMITH KLINE & FRENCH AWARD—An award for academic excellence with demonstrated ability to apply this expertise to clinical practice. Sponsor: Smith Kline & French Laboratories.

Theodore K. Kyle
(Fremont)

THE ERNEST H. ABERNETHY PRIZE IN STUDENT PUBLICATION WORK

Ernest H. Abernethy, Class of 1922, established this campus-wide award in 1941. A plaque and a cash prize of $50 are presented annually by the Chancellor to the student adjudged by a committee to have done the most distinctive work during the current year in the field of student publications.

BUXTON WILLIAMS HUNTER AWARD—Awarded annually to the graduating student who excels in campus citizenship and scholarship: Given by Mr. D. R. Davis in memory of Buxton Williams Hunter.

Molly Preston Ingram
(Taylorsville)

MERCK AWARD—Awarded annually to graduating students for noteworthy achievement in Pharmacy. Sponsor: Merck & Company, Inc.

Karen Rae O'Malley
(Charlotte)

MERCK AWARD—Awarded annually to graduating students for noteworthy achievement in Pharmacy. Sponsor: Merck & Company, Inc.

Jody Anne Hicks
(Raleigh)

BRISTOL AWARD—Awarded annually to a graduating student for noteworthy achievement in Pharmacy. Sponsor: Bristol Laboratories, Inc.

Congratulations also to the following underclassmen who won awards:

Mary Claire Sherrill
(Statesville)

THE JANE CRAIGE GRAY MEMORIAL AWARD—Established in 1954, this award is presented annually by the Chancellor in memory of Jane Craige Gray by the local chapter of Kappa Delta Sorority to the woman of the Junior Class who has been voted most outstanding in character, scholarship, and leadership.

Jo Marlene Travis
(Raleigh)

RHO CHI FIRST YEAR AWARD—Awarded annually to that student who has shown the highest scholastic attainment in the first year of the pharmacy curriculum. Sponsor: Xi Chapter of Rho Chi.

RALPH PEELE ROGERS MEMORIAL AWARD—Awarded annually for excellence in Pharmacy Administration.

Gail Cecelia Molic
(Greenville, N. C.)

McKESSON & ROBBINS AWARD—Presented on behalf of McKesson & Robbins, Inc., to the President of the Student Chapter, American Pharmaceutical Association.

Kathryn Kemp
(Peachland)

JOHNSON & JOHNSON AWARD—Awarded annually to a fourth year student for outstanding performance in Pharmacy Administration studies. The winner of this award is eligible to compete for $1500 prize in a Scholarship Essay Contest prior to the senior year. Sponsor: Johnson & Johnson

Jonnie Elizabeth Hildreth
(Charlotte)

A.Ph.A. CERTIFICATE—Presented on behalf of the American Pharmaceutical Association for outstanding services to the Student Chapter at the University of North Carolina.

CONGRATULATIONS GRADUATES!

The School of Pharmacy honored its 138 graduates in a ceremony at Hill Hall on Sunday, May 13, 1979. Joseph C. Miller of Boone, First Vice President of the N. C. Pharmaceutical Association was the featured speaker.

The following is a list of the graduates and their home towns. The August 1978 graduates are noted by a Footnote[1], while the December 1978 graduates are noted by a Footnote.[2] This is the second year in a row that female students constitute the majority of the graduates.

Abrams, Robert Lee, *Boiling Springs, N. C.*
Allen, Lucy Lawrence, *Charlotte, N. C.*
Barrier, Gregory Lynn, *Salisbury, N. C.*
Bicket, William John, II,[2] *Chapel Hill, N. C.*
Black, Joseph Lynn,[1] *Indian Trail, N. C.*
Bowen, Christopher Lee, *Beaufort, N. C.*
Britt, Emma Diane, *Hamlet, N. C.*
Brittingham, Susan Dianne, *W. Columbia, S. C.*
Brown, James Thomas, *Rocky Mount, N. C.*
Bunch, Michael Eugene, *Windsor, N. C.*
Burgess, Elizabeth Susan, *Wilmington, N. C.*
Burrus, Stephen Anthony, *Canton, N. C.*
Butler, Patricia Ann,[1] *Richmond, Va.*
Butler, Rhonda Lynn,[1] *Dublin, N. C.*
Caldwell, Richard Dewayne, *Maggie, N. C.*
Carraway, Dottie Irene,[2] *Newport, N. C.*
Carrier, James Arthur,[2] *Marion, N. C.*
Carver, Andrea Gale,[2] *Roxboro, N. C.*
Caudill, Jo-Ann,[1] *Carrboro, N. C.*
Chamberlain, Gina Elizabeth,[1] *Roanoke Rapids, N. C.*
Chu, Grace,[1] *Chapel Hill, N. C.*
Claytor, Susan, *Greensboro, N. C.*
Cline, Melvin Gaston, Jr., *Morganton, N. C.*
Coleman, Dana Eric,[1] *Rich Square, N. C.*
Coleson, Jeffrey Perry,[2] *Mount Airy, N. C.*
Collins, Vernon David,[1] *Chadbourn, N. C.*
Costner, Edwin Reid, *Kings Mountain, N. C.*
Davenport, Alison Gray, *Rocky Mount, N. C.*
Davis, April Barnes, *Statesville, N. C.*
Disher, David Kevin,[2] *Winston-Salem, N. C.*
Ellison, Mark Jude, *Raleigh, N. C.*
Englebert, Karen Louise, *Troutman, N. C.*
Eurey, Susan Alice,[2] *Lincolnton, N. C.*
Faircloth, Dennis Page, *Reidsville, N. C.*
Faison, Ozie Trevor, *New Bern, N. C.*
Fesperman, Sarah Lipscomb, *Chapel Hill, N. C.*
Fisher, James Allen,[2] *Salisbury, N. C.*
Fitzgerald, Jeff Carver, *Roxboro, N. C.*
Fonville, Brenda Hall,[1] *Fayetteville, N. C.*
Forrest, Mary Blythe,[2] *Hillsborough, N. C.*
Fowler, Susan Norwood, *Salisbury, N. C.*
Franklin, Margaret G.,[1] *Raleigh, N. C.*
Furniss, Leesa Dianne, *Asheville, N. C.*
Gilliam, Virginia Ruffin, *Martinsville, Va.*
Gobble, Ronald Clay,[1] *Granite Quarry, N. C.*
Godfrey, Robert Anthony, *Murphy, N. C.*
Gowarty, David Thomas,[1] *Raleigh, N. C.*
Greene, William Len, *Boone, N. C.*
Gurley, Tony Curtis,[1] *Marion, N. C.*
Gutterman, Donna Lee, *Greensboro, N. C.*
Haas, Kimberly Ann, *Pittsburgh, Pa.*
Hamel, Julia Ann, *Wilmington, N. C.*
Hardy, Alton Dale, *Tarboro, N. C.*
Harrell, Jacquelin T.,[2] *Burlington, N. C.*
Helton, David, *Hickory, N. C.*
Hester, Beverly Dawn,[2] *Durham, N. C.*
Hicks, Jody Anne, *Raleigh, N. C.*
Holcombe, Beverly Jean, *Candler, N. C.*
Honeycutt, John Thomas, *Franklinton, N. C.*
Hughes, David Lawrence, *Tabor City, N. C.*
Ingram, Michael A., *Raleigh, N. C.*
Ingram, Molly Preston, *Taylorsville, N. C.*
James, Pamela Lynn, *Rocky Mount, N. C.*
Jayroe, Cynthia Boxwell, *Raleigh, N. C.*
Jenkins, David Thomas, *Raleigh, N. C.*
Johnson, Joan Wesley,[2] *Weaverville, N. C.*
Johnson, Shelby Marie, *Wilkesboro, N. C.*
Joy, Carrilea McCauley,[2] *Cary, N. C.*
Kearns, Garry Ray, *High Point, N. C.*
Kesler, Mark Carr, *Fayetteville, N. C.*
Key, Earl Wendell, Jr., *Rockingham, N. C.*
Lee, Richard Sommerville, *Raleigh, N. C.*
Leitinger, Ellen Agatha, *Parkersburg, W. Va.*
Long, John Addison, Jr.,[1] *Statesville, N. C.*
Longworth, Teri C.,[2] *Winston-Salem, N. C.*
Lott, Cathryn Mary, *Raleigh, N. C.*
Lovelace, Deborah Anne,[1] *New Bern, N. C.*
Lovette, Wanda Lynn, *Lumberton, N. C.*
Lowery, Charise Ann, *Sanford, N. C.*
Lytle, Eva Elizabeth,[2] *Old Fort, N. C.*
Maple, Carol Lynn, *Mena, Arkansas*

McCallum, Rebecca Frances,[2] *Williamston, N. C.*
McClure, Karen Lynn,[2] *Gastonia, N. C.*
McDonald, Thomas Keith, *Rockingham, N. C.*
McKenzie, Robert Earl, Jr.,[1] *Carthage, N. C.*
McLean, Steven Arnold, *Fairmont, N. C.*
Medlin, Barbara Jean, *Kings Mountain, N. C.*
Metcalf, Deborah Darlene,[1] *Gastonia, N. C.*
Millar, Patsy Elizabeth, *Winston-Salem, N. C.*
Miller, Jane Leslie, *Hickory, N. C.*
Minton, Arthur Harrell, *Ahoskie, N. C.*
Moon, Janice McPhail,[2] *Chapel Hill, N. C.*
Morgan, Robert Teague, *Roxboro, N. C.*
Moss, Ginger, *Kannapolis, N. C.*
Murchison, Colin Eugene,[1] *Chapel Hill, N. C.*
Neal, David James, *Kernersville, N. C.*
Nemargut, Robert, *Wilmington, N. C.*
Newman, John Worth, Jr., *Mooresville, N. C.*
O'Malley, Karen Rae, *Charlotte, N. C.*
Page, Sharon Denise, *Salisbury, N. C.*
Parker, Cindy Ellen,[1] *Murfreesboro, N. C.*
Perkins, Richard Allen, *Laurinburg, N. C.*
Plyler, Susan Dawn,[2] *Albemarle, N. C.*
Price, Billy Lee, Jr., *Conover, N. C.*
Purvis, Anna Marie,[2] *Robbins, N. C.*
Rader, Frances Lura, *Mooresville, N. C.*
Raines, Nancy Catherine,[1] *Asheboro, N. C.*
Rogers, Alfred Ray,[2] *Graham, N. C.*
Sanderson, Leslie, Jr., *Maxton, N. C.*,
Schenck, Susan Elaine,[2] *Chapel Hill, N. C.*
Scott, Julia West, *Rose Hill, N. C.*
Sessions, James Richard, Jr., *Whiteville, N. C.*
Shear, Morris, *Woodland, N. C.*
Shipp, Barbara Ellen, *Durham, N. C.*
Smith, Leon Jackson, III, *Greensboro, N. C.*
Smith, Pamela Faye,[1] *Thomasville, N. C.*
Southern, Gregory Lee, *Walnut Cove, N. C.*
Stancil, Virginia Elizabeth, *High Point, N. C.*
Stephens, Nancy Mitchell, *Charlotte, N. C.*
Stone, Barbara Martin, *Burlington, N. C.*
Taylor, Mitchell Stephen, *Conway, N. C.*
Thompson, Cynthia Loy, *Saluda, N. C.*
Tiddy, Deborah Ann, *Shelby, N. C.*
Tingen, Charles Andrew, *Roxboro, N. C.*
Tugwell, Jeffrey Paul,[1] *Farmville, N. C.*
Waggett, John Davie,[1] *Chapel Hill, N. C.*
Watson, Judith Ann, *Charlotte, N. C.*
Watts, Robert Bowman, *Wilmington, De.*
Webster, Kathy Park, *Concord, N. C.*
White, Robin Jeanette, *Hickory, N. C.*
White, Roger Lewis, *Hertford, N. C.*
Whitesell, Diane Louise, *Burlington, N. C.*
Williams, Timothy Rae,[1] *Faith, N. C.*
Wilson, Cathy Dillon,[1] *Greensboro, N. C.*
Woodall, Emerson Eugene,[1] *Garner, N. C.*
Woodard, Richard Blair, [1] *Graham, N. C.*
Woods, Nancy Elaine S., [2] *Durham, N. C.*
Yelverton, Charles Leslie, *Charlotte, N. C.*

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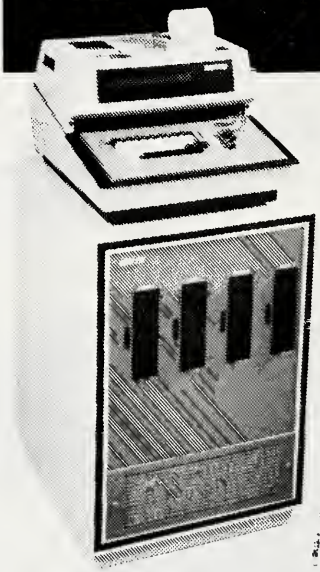

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Number 6

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Recently, Eli Lilly and Company cited Mann's Drug Store #1 of Reidsville on the occasion of filling 1,000,000 prescriptions with a commemorative apothecary jar. Observing the event from left to right are: Andy Gaster, Pharmacist and Assistant Manager; J. Ralph Teague, Pharmacist and Manager; and Everette Dunn, Sales Representative, Eli Lilly and Company.

June 1979

A Boost for you...
A Bonus for your Patrons

A completely new series of TV spot announcements on pharmacy, designed to help the public recognize and utilize your professional services so that they will understand and use medicines more effectively—a boost for *you* and a bonus for *them!*

Developed by Eli Lilly and Company, the series will soon be available for showing on local stations and will continue the impact of those now being televised throughout the country under the sponsorship of state pharmacy associations. For more information, contact your state association office.

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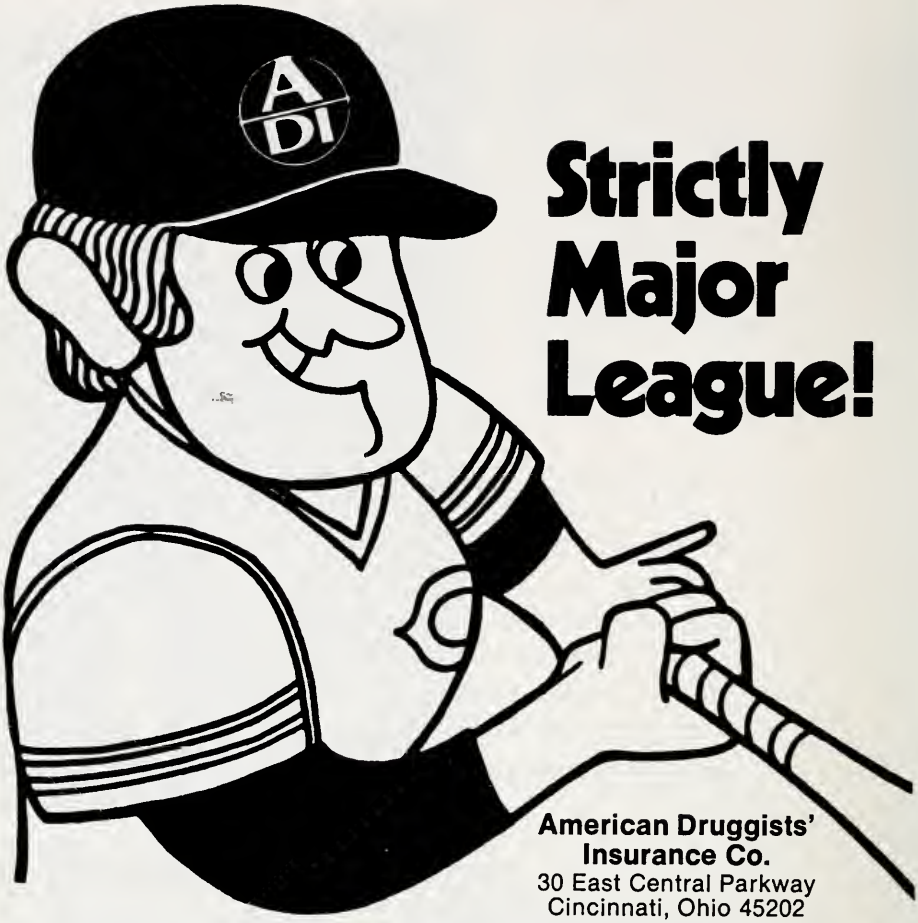

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June 1979 (USPS 091-280) Volume 59 Number 6

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NORTH CAROLINA ACADEMY OF PHARMACY

PURPOSE

To encourage and recognize
- Civic
- Cultural
- Religious
- Professional

activities beyond the usual day by day practice of pharmacy.

OFFICIAL ACADEMY RULES

- Must be a member of the North Carolina Pharmaceutical Association.
- Ten thousand (10,000) points must be earned for full membership in the Academy.
- Minimum of two thousand (2,000) points required *annually* for sustaining membership.
- Allowable professional activities must be reported within thirty (30) days after service is rendered.
- Categories of activities allowable and credit point earned determined by committee on the North Carolina Academy of Pharmacy and *its decision is final.*
- *Membership* in organizations not allowable for credit points; points allowed on *activities* only.
- Mileage while attending allowable meetings will be granted at one (1) point per mile (round trip) up to a maximum of 10% of total point values earned.

TYPICAL PROFESSIONAL ACTIVITIES QUALIFYING FOR ACADEMY CREDIT POINTS

ATTENDANCE

- at business sessions of annual N. C. Pharmaceutical Association Conventions
- at NCPhA-sponsored seminars, refresher courses, merchandising schools, etc.
- at committee meetings, local sectional, or state
- at National or Sectional pharmaceutical meetings.

PARTICIPATION

- Serving as presiding officer at professional or civic meetings
- Talks, lectures, speeches, addresses before any organized group
- Published articles dealing with Pharmacy or related subject
- Instruction of hospital interns or nurses on a volunteer basis
- Supervising pharmacy interns (under State Board of Pharmacy regulations)
- Installation of original professional displays (career, poison prevention, etc.)
- High School counseling in interest of Pharmacy

HOW TO ENROLL

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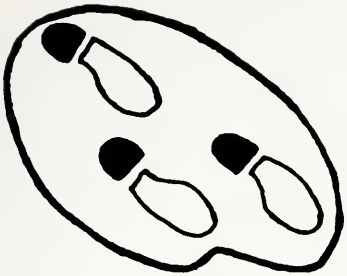

TAR HEEL DIGEST

KERNERSVILLE—Jim Tucker and Gene Braddy are the pharmacists in charge of the recently opened Medicine Shoppe at 321 North Main Street. The pharmacy offers free health screening services including high blood pressure, diabetes, glaucoma, hearing loss, oral cancer, carbon monoxide poisoning and other problems, which, when found, are referred to the customer's family doctor.

GASTONIA—A Gaston County man has filed lawsuits totaling $51,000 against Eckerd Drugs and the Hershey Foods Corporation after he allegedly bought some candy that contained worms and worm larvae.

SALUDA—The N. C. Board of Pharmacy has approved a pharmacy permit application submitted by the Saluda Medical Center which grants special dispensing privileges to Pick McIntyre, physician assistant and director of the center.

MOCKSVILLE—Pharmacist Jerry Ellison, alerted to some potentially dangerous Picric Acid in a local pharmacy, arranged with local officials to destroy the product. Later, similar action was taken in Winston-Salem at Wake Forest University where five bottles of the acid were in inventory. Picric Acid, used as an antiseptic in the past, deteriorates with age and can be more explosive than gunpowder.

Complete details covering the 99th Annual Convention of the NCPhA & affiliated auxiliaries will appear in the July issue of the Carolina Journal of Pharmacy.

COLUMBIA—Rick Evans of Rocky Mount is now manager of Columbia Pharmacy, formerly called Tyrrell Drug Company. The new owner, Frank Measamer of Robersonville, purchased the pharmacy from Keith Fearing of Manteo. Evans is a 1975 graduate of the UNC School of Pharmacy.

MOUNT OLIVE—Glenn-Martin Drug Company was featured in a recent edition of the Mt. Olive Tribune. Established in 1932 by the late Jim S. Glenn, the pharmacy is now owned and managed by Pharmacist Breedlove Shaw, and his brother, Ryland.

MOUNT AIRY—With the establishment of an adjoining Hospital Pharmacy Convalescent Center, Hospital Pharmacy is now providing a full line of convalescent merchandise to the greater Mount Airy area. Bob Smith is owner of the pharmacy and the center.

SANFORD—Two persons were arrested by Sanford police and charged with passing forged prescriptions for Preludin at Eckerds Drug Store and Mann's Drug Store.

MORGANTON—An armed gunman robbed Pharmacist John David Hood (Burke Pharmacy) of a quantity of CS drugs. Customers in the pharmacy at the time of the holdup were forced to lie face down on the floor while the gunman made his get-away.

TAXES AND HIGHER EDUCATION APPROPRIATIONS

How the states rank: North Carolina ranks 40th in terms of state and local taxes but 9th in terms of appropriations for higher education.

Alaska is #1 in terms of taxes and 5th in appropriations; New York is in second spot on taxes but 35th on appropriations.

No. 50 in taxes is Ohio but four points (46) lower on taxes.

PHARMACISTS LICENSED BY EXAMINATION (64)

APRIL 27, 1979

Baldwin, William James, 1145 24th Ave., N, St. Petersburg, FL 33704
Black, Joe Lynn, Rt. 9, Box 538-A, Monroe, NC 28110
Boone, Tara Correll, 3401 Old Vineyard Rd., B-7, Winston-Salem, NC 27103
Bowman, Pamela Sipe, 2107 Council Avenue, Statesville, NC 28677
Cameron, Donald Gunter, P. O. Box 452, Wingate, NC 28174
Carraway, Dottie Irene, Rt. 2, Box 127, Newport, NC 28570
Carrier, James Arthur, Rt. 4, Box 484, Marion, NC 28752
Carver, Andrea Gale, 209 Ramblewood Dr., Apt. 92, Raleigh, NC 27609
Caudill, Jo Ann Lang, 201-C Barclay Road, Chapel Hill, NC 27514
Chamberlain, Gina Elizabeth, 711 S. Church St., Apt. 2, Monroe, NC Union
Chipman, Teri Ann, 810 Chartwell Circle, Winston-Salem, NC 27106
Collins, Vernon David, 706 Louise Cr., Apt. 30-G, Durham, NC 27705
Cox, Thomas Clay, Star Route, Sparta, NC 28675
Crabtree, Mary Blythe, 4-A Copland Apts., Burlington, NC 27215
Creech, Marcia Ann, Rt. 3, Box 368 F, Smithfield, NC 27577
Crickmore, Cheryl Ann, P. O. Box 493, Dallas, NC 28034
Dark, Garry Caldwell, 4824 Commercial Plaza 79-A, Winston-Salem, NC 27104
Davis, Joy Lynn, 707 King Street, Laurinburg, NC 28352
Disher, David Kevin, 1222 Mardele Lane, Winston-Salem, NC 27105
Eurey, Susan Alice, 1260 5th St., NE #15, Hickory, NC 28601
Fisher, James Allen, 719 Morrison Avenue, Salisbury, NC 28144
Franklin, Margaret Gasperson, 108 Grand Avenue, Raleigh, NC 27606
Garrison, Constance Hudson, 614-B Hibbard Dr., Chapel Hill, NC 27514
Gorgol, Mark Matthew, 777 E. Main Street, Lock Haven, PA 17745
Gowarty, David Thomas, 804-C Amity Apt., Dunn, NC 28334
Gurley, Tony Curtis, P. O. Box 427, Marion, NC 28752
Harrell, Jacquelin Touloupas, 1103-6 Keswick Apts., Monroe, NC 28110
Hester, Beverly Dawn, 2527 Ross Road, Durham, NC 27703
Javidan, Norah Cooke, 5206 N. 28th St., Arlington, VA 22207
Jolly, Gary Michael, 2345-F Eastway Dr., Charlotte, NC 28205
Joy, Carrilea McCauley, 304-G Cheswick Pl., Cary, NC 27511

"Service in Wholesale Quantities

Kemp, William Royster, Route 1, Middlesex, NC 27557
Kuran, Janis Lea, 1004-I McAlway Rd., Charlotte, NC 28211
Long, John Addison, Jr., P. O. Box 414, Chapel Hill, NC 27514
Lytle, Eva Elizabeth, Rt. 1, Box 84B, Old Fort, NC 28762
MacIntosh, John Raymond, Jr., 2600 Brinkley Rd., Apt. A-614, Temple Hills, MD 20022
Maple, Carol Lynn, 13-D 3902 Bethania Station Rd., Winston-Salem, NC 27106
Marsh, Elena Joy, 520 S. Summit Avenue, Charlotte, NC 28208
Marshall, Eric Cook, Rt. 4, Hilltop Lane, Lancaster, SC 29720
Metcalf, Deborah Darlene, 1411½ Hawthrone Dr., Wilmington, NC 28401
Mimbs, Paula Lord, 1230 Madison Ave. #4, Kannapolis, NC 28081
Mittman, Amy Janiece, P. O. Box 126, Mount Airy, NC 27030
Moss, Marla Gina, 1255 Madison Avenue, Kannapolis, NC 28081
Murchison, Colin Eugene, P. O. Box 1627, Hickory, NC 28601
Newsome, Louis Alfred, 3939 Old Wake Forest Rd., #277, Raleigh, NC 27607
Parker, Cindy Ellen, 310 W. High Street, Murfreesboro, NC 27855
Patterson, Cynthia Tucker, 3403 Pickett Rd., Durham, NC 27705
Plyler, Susan Dawn, 383 Park Road, Albemarle, NC 28001
Purvis, Anna Marie, 3823 Lyckan Parkway, Durham, NC 27707
Raines, Nancy Griffin, 329 N. Elm St., Asheboro, NC 27203
Roberts, Deborah Lovelace, 603 Pearson Circle, New Bern, NC 28560
Roth, Ann Hamel, 217 Spruce Drive, Wilmington, NC 28403
Sawyer, Janet Lynn, 710 Coker Dr., Chapel Hill, NC 27514
Sprinkle, Forrest Lynn, Route 2, Box 69, Marion, NC 28752
Tripp, Robert Horace, 706 Washington Ave., Ayden, NC 28513
Tugwell, Jeffery Paul, 137 Nature Trail, Chapel Hill, NC 27514
Upshaw, Constance Stein, 431-G Acacia Cr., Fayetteville, NC 28304
Waggett, John Davie, 116 Tuscarora Trail, Henrico, NC 27842
Wilson, Cathy Dillon, 4505 Grendel Road, Greensboro, NC 27410
Winn, George Louis, Rt. 1, Box 1, Milton, FL 32570
Woodall, Emerson Eugene, Jr., Rt. 2, Box 385-A2, Garner, NC 27529
Woodard, Joy Elizabeth, 1308-R Steinbeck Dr., Raleigh, NC 27609
Woodard, Richard Blair, 528 E. Pine Street, Graham, NC 27253
Woods, Nancy Elaine, Rt. 1, Box 268, Durham, NC 27705

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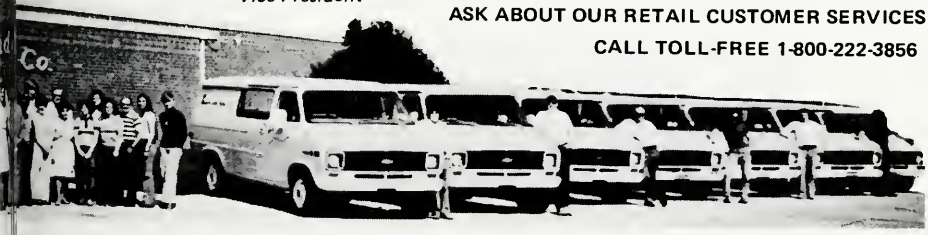
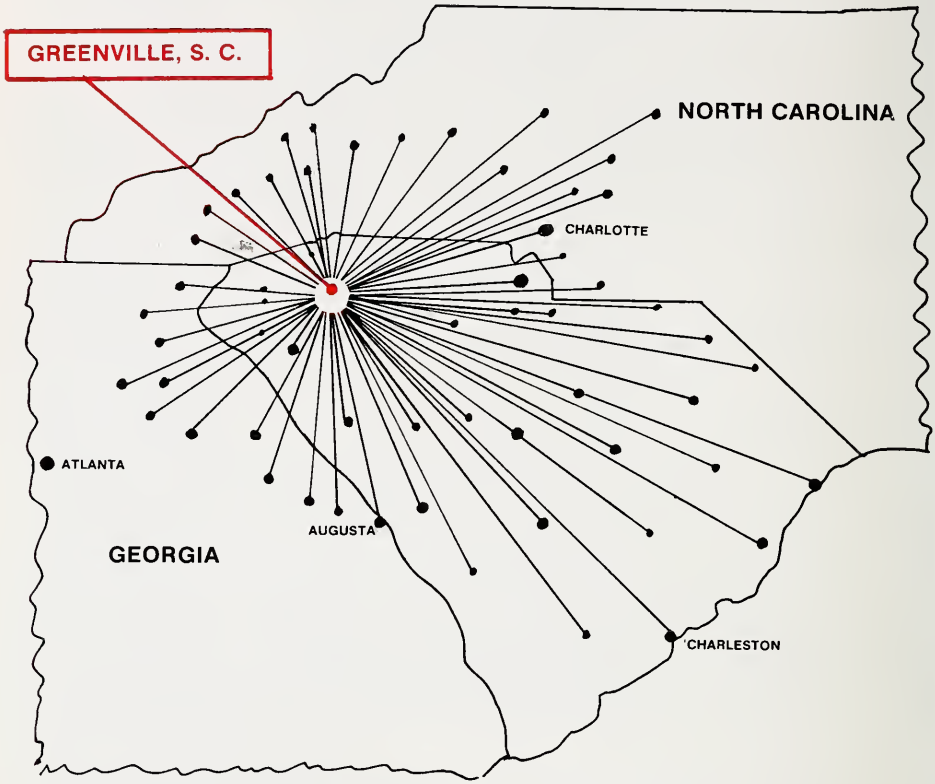


All Roads Leads To Greenville, S. C. and to Geer's 1979 Trade And Gift Show



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Mr. Willie B. Webster, Jr., Ph-Mgr.

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Mr. Donald C. Blankenship, Ph-Mgr.

Kerr Discount Drugs
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Raleigh, NC 27604
Mr. Michael F. Johnson, Ph-Mgr.

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Lake Lure, NC 28746
Mr. Russell W. Womack, Ph-Mgr.

Rite Aid Pharmacy
109 E. Franklin Street
Chapel Hill, NC 27514
Mr. Stroud O. Brewer, Jr., Ph-Mgr.

HealthCo., Inc.
Mini Shopping Center Bay #1
Manson, NC 27553
Mr. Ramchandra Reddy, Ph-Mgr.

Hickory Memorial Hospital
219 N. Center Street
Hickory, NC 28601
Mr. Harold E. Evans, Sr., Ph-Mgr.

Rite Aid Pharmacy
Neuse Village Shopping Center
New Bern, NC 28560
Mr. Charles G. Overly, Ph-Mgr.

Service Drugs
863 Church Street, North
Concord, NC 28025
Ms. Nancy F. Stiles, Ph-Mgr.

Service Drugs
846 Union Street, South
Concord, NC 28025
Mr. Leroy D. Werley, III, Ph-Mgr.

Service Drugs
1308 South Cannon Blvd.
Kannapolis, NC 28081
Mr. Billy E. Cranford, Jr., Ph-Mgr.

Suttle's Cliffside Pharmacy
North Main Street
Cliffside, NC 28024
Mr. J. Cody Newton, Ph-Mgr.

J & S Apothecary
Lakewood Manor
Henderson, NC 28739
Mr. William R. Stokes, Ph-Mgr.

FOR YOUR INFORMATION

Copy of report, as presented by David R. Work, Secretary-Treasurer of the N. C. Board of Pharmacy, at the 99th Annual NCPhA Convention, free on request to N. C. Pharmaceutical Association, P. O. Box 151, Chapel Hill, N. C. 27514. Includes pharmacists licensed by examination (1978-79) and summary of disciplinary actions taken by the Board.

RECIPROCITY

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PRESENTATION OF PAINTING TO DUKE UNIVERSITY HOSPITAL

"In recognition of a dedicated commitment to patient care of the highest quality," Duke University Hospital in Durham has been presented a picture, the "First Hospital Pharmacy in Colonial America" by Parke, Davis and Company, a Division of Warner-Lambert.

Making the presentation for Parke-Davis were D. D. Leaver of Durham and Joseph E. Gillespie of Raleigh. Accepting the painting on behalf of Duke University Hospital was Milton Skolaut, Director of Pharmacy Services at the hospital.

Pharmacy, the profession of the art and science of preparing, preserving, compounding, and dispensing medicines, indeed has a proud heritage—an unequalled record of service to humanity almost as old as the human race itself. This heritage has developed from sincere, careful, indefatigable effort of countless generations of pharmacists, most of whose names are unknown, through fifty centuries of recorded history.

It was to immortalize and to permanently record highlights of these centuries of sincere, dedicated service that the series of forty pictures, "History of Pharmacy in Pictures," came into being in 1965. The original paintings, a project by Parke-Davis were painted by Robert A. Thom and authentic stories on each painting were written by George A. Bender of Parke-Davis.

Colonial America's first hospital (Pennsylvania) was established in Philadelphia in 1751; the first Hospital Pharmacy began operations there in 1752, temporarily set up in the Kinsey House, which served until the first hospital building was completed. The ingenuity of Benjamin Franklin was helpful to both. First Hospital Pharmacist was Janathan Roberts; but it was his successor, John Morgan, whose practice as a hospital pharmacist (1755-56), and whose impact upon Pharmacy and Medicine influenced changes that were to become of great importance to the development of professional pharmacy in North America. First as pharmacist, later as physician, he advocated prescription writing and championed independent practice of the two professions.

The picture presented to Duke University Hospital will hang in the Pharmacy of the hospital.

Milton Skolaut (center) is shown with painting—First Hospital Pharmacy in Colonial America—which Parke-Davis representatives D. D. Leaver (left) of Durham and Joseph E. Gillespie (right) of Raleigh presented to Duke University Hospital.

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SMITH WHOLESALE JOINS ASSOCIATED DRUGGISTS

Associated Druggists, the nation's 2nd largest wholesale drug distribution channel is proud to announce that SMITH WHOLESALE DRUG COMPANY, Spartanburg, South Carolina has recently joined their membership.

SMITH WHOLESALE DRUG COMPANY has been in the wholesale drug business in Spartanburg for over 30 years. John McKean, Vice Chairman of the Board of Associated Druggists, was in Spartanburg in May to aid Bill Shelley, Ex VP/Mgr. Drug Div. and Smith Wholesale in their kickoff meeting.

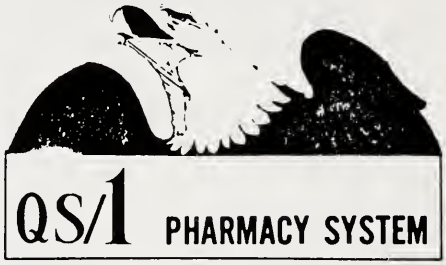
Associated Druggists is a cooperative marketing and advertising program and all A.D. members benefit from monthly group buys on nationally advertised brands. A.D. has over 40 wholesale members and over 1,000 retail members.

Associated Druggists is the nation's largest group of independent retail drug stores. Keeping the wholesale supply houses and independent retailers on a competitive level with mass merchandisers is the aim of A.D. Each month A.D. member stores offer the consumer special sale prices on nationally advertised brands at deep-cut discounts.

A.D. welcomes SMITH WHOLESALE as their 40th wholesale member of their successful cooperative advertising and buying program.

Pictured here left to right front row: Smith Wholesale Drug Company employees, Alice Gardner, Gail Williams, Mary Quinn, Virginia High, Mary Ann Hall. Back row left to right: Associated Druggist John McKeen, Smith Wholesale Drug Company's Frank Milstead, J. M. Smith, Jr., Bill Shelley, Wallace Smith, Carrol Riddle, Gene Greene, Boyce Taylor, and Gary Humphries.

Declare your independence.



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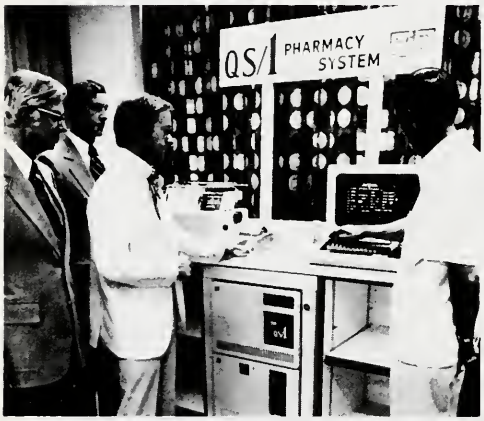
Designed by Pharmacists for Pharmacies



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To commemorate the filling of one million prescriptions by Mann #1 drug store in High Point, DeLacy Luke, Upjohn District Manager (right), presented an inscribed plaque to D. A. Dowdy, one of the founders of the Mann chain. Also present for the presentation ceremony were, left to right: Chris Guilarte, Upjohn Representative, and Carson Southern, Manager of Mann #1.

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DIVISION OF SMITH DRUG COMPANY

REPORT

CONSOLIDATED PHARMACY LOAN FUND COMMITTEE

Jack K. Wier, Ph.D., Chairman

This fund is the only regular loan source which can meet expeditiously the needs of Pharmacy students for emergency financial aid. As such, it is of inestimable value to the School of Pharmacy and its students. During calendar year 1978, the $20,925 in loans from this fund provided approximately eight percent of the total documentable financial aid received by students enrolled at the University of North Carolina School of Pharmacy.

In addition to the complete financial report of the fund, a comparison of certain aspects of fund activity for the years 1976, 1977, and 1978 is attached. When analyzing that comparison table, the following facts should be considered.

1. Beginning with the fall semester of 1978, the total enrollment of the School of Pharmacy was reduced by approximately twenty percent. This was caused by a change from the one-year prepharmacy/four-year professional program to a two-year prepharmacy/three-year professional program. This change has no direct effect on the annual number of Pharmacy School graduates, but it does reduce the number of students eligible for loans from this fund.
2. Because of rising educational costs and the lesser number of students eligible to utilize this fund, beginning with the fall semester of 1978, the maximum loan was raised to $300 per semester with a total loan ceiling of $1800. The previous maximum was $200 per semester with a $1600 ceiling.

The above facts probably account for the fact that the number of loans made and their total dollar value fell slightly in 1978 below the 1977 figures.

The fund is healthy. Collections of outstanding loans in 1978 very nearly equalled the amount loaned in that year. Of all the students who have borrowed from the fund, only seven can be considered at this time to be in the "slow pay" category, and there is a high probability that those seven loans will be recovered.

The total assets of the fund continued to increase in 1978. Contributions to the fund were significant, especially those from Cornwell Drug Stores, Inc. and Mr. Howard Q. Ferguson. However, the comparison table reveals that total contributions have been declining considerably since 1976. All of us should exert greater efforts to increase support for this badly needed Association activity.

Members

Chairman: Jack Wier, *Chapel Hill*
Tom Cornwell, *Morganton*
Keith Fearing, *Manteo*
Howard Q. Ferguson, *Randleman*
Sara J. Hackney, *Lumberton*
Robert L. Moser, *Winston-Salem*
Ralph P. Rogers, Jr., *Durham*
Jack G. Watts, *Burlington*
Consultant: Robert B. Hall, *Mocksville*

CONSOLIDATED PHARMACY LOAN FUND

Comparison of Selected Activities for 1976, 1977 and 1978

Number of Loans Made	120	98	86
Total Value of Loans	$21,465	$23,485	$20,925
Value of Loans Outstanding	42,205	46,185	47,740
Contributions to Fund	6,993	5,225	3,900
Total Assets of Fund	$55,365.37	$60,441.35	$64,878.89

CONSOLIDATED PHARMACY FUND

January 1, 1978 through December 31, 1978

86 Loans made to pharmacy school students
$20,925.00 loaned
$19,245.00 repaid
$ 3,900.00 contributions for 1978
$ 325.00 uncollectable (death)

ASSETS

N. C. National Bank Passbook Savings	$11,713.52
Orange Savings and Loan	3,000.00
N. C. National Bank Checking Account	400.37
Strother Drug Company Stock	1,012.50
N. C. National Bank Stock	1,012.50
Outstanding Loans	47,740.00
1978 Total Assets	$64,878.89
1977 Total Assets	$60,766.35

CE PROGRAM: EMERGENCY HEALTH CARE SERIES NOW AVAILABLE FROM ABBOTT LABORATORIES

Abbott Laboratories has announced the availability of the Emergency Health Care Series, an extension of Abbott's Continuing Education Program for retail and hospital pharmacists.

This program was developed by The Massachusetts College of Pharmacy and consists of two booklets, each containing two articles on various aspects of Emergency Health Care. A self-assessment quiz is enclosed with each article. Continuing Education credit has been applied for in the 19 states that currently require mandatory continuing education for relicensure.

The Emergency Health Care Series is being distributed on a bi-monthly basis through Abbott's Professional Medical Representatives. Copies of the Series can be requested by writing:

Mr. David W. Kruger, Manager
Trade Relations, D-355
Abbott Laboratories
North Chicago, Illinois 60064

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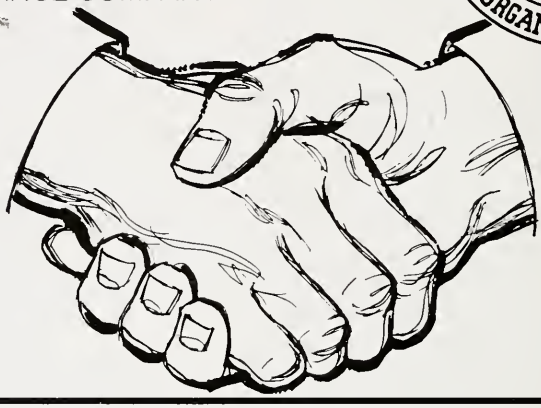

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1. **Volume: Apx. $145,000**
   Inventory: Apx. $23,000
   Low overhead
   Rent: $300 month
   Bargain—owner wants to sell
   Mountain area

2. **Volume: $140,000**
   Rx Volume: $103,000
   Inventory: $22,000
   Act. Rec.: $10,000
   1500 sq. ft.
   Research Triangle area

3. **Volume: 1979 projection—$160-170,000**
   Inventory: $18,000
   Only two years old
   No deliveries or charges
   Open 43 hours per week
   Very little competition
   Excellent growth potential
   Central N. C. city

4. **Volume: $200,000**
   Inventory: $30,000
   No deliveries or charges
   No Sunday hours
   80 prescriptions per day
   Only drug store in town
   Located in only shopping center in town
   With $15,000 down, owner will finance
   Eastern N. C.

5. **Volume: $145,000**
   Rx Volume: $67,000
   Inventory: $60,000
   Act. Rec.: $9,000
   Size: 25 x 100
   Same location 29 years
   Some owner financing
   Price: $100,000
   INCLUDES NICE BRICK BUILDING

MARRIAGES

Miss Sallie Ridley Lewis became the bride of *William Randolph Futrell, Jr.* at a ceremony at the Church of the Savior in Jackson on April 28.

The bride is a graduate of St. Mary's College in Raleigh. Mr. Futrell is associated with Futrell Pharmacy Services of Jackson and is a graduate of the UNC School of Pharmacy.

Miss Julia Elizabeth Mitchell and *Richard Howard Gray* were united in holy matrimony on May 12 in the First United Methodist Church, Washington.

The bride is a graduate of Duke University with an A.B. degree in History. The bridegroom, a UNC pharmacy graduate, is employed as a pharmacist for Tayloe Drug Company, Washington.

BIRTHS

Mr. and Mrs. Bruce Wynne of Durham announce the birth of a daughter, Jennefer Leigh, on April 27 at Durham County General Hospital.

Bruce is a 1970 graduate of the UNC-CH School of Pharmacy and Mrs. Wynne (formerly Kathy Schmidt) is a member of the Class of 1977.

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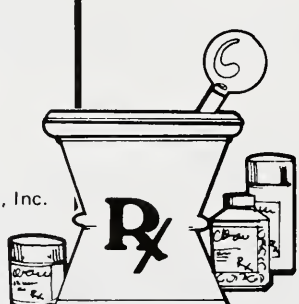

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REPORT: NCPhA COMMITTEE ON NATIONAL LEGISLATION

George P. Hager, *Chairman*

The Association's Committee on National Legislation met at the Institute of Pharmacy on February 8-9, 1979. The first session—the evening of February 8th—was devoted to a general discussion of national legislative affairs of concern to pharmacy. This was followed by a full-day meeting with a formal agenda on February 9th. All members of the Committee except one were present and the meeting was also attended by Dr. C. J. Cavallito (a former and now adjunct member of the faculty of the School of Pharmacy), Mr. C. F. Baker and Dr. W. H. Edmondson (both of Burroughs Wellcome Co.)

The unfettered discussion at the evening session touched on many subjects, setting a somewhat somber but, by no means, pessimistic tone for the 1979 meeting of the Committee:

—Any further tendency toward nationalization of the pharmacy profession and the pharmaceutical industry can lead only to a deterioration of the situation confronting the patient.

—Volume purchasing by the government, possibly collateral with "generic" prescribing and dispensing, can lead to low price assurance at the expense of high quality assurance.

—Drugs (pharmaceutical services) could be the most tempting target for regulations mandated by national health insurance.

—The high priority assigned to pharmacy in developing countries seems somewhat paradoxical in view of its status that is possibly on the decline in the United States.

—The parameters of value of pharmaceuticals (as of pharmaceutical services, also) tend to be somewhat intangible inspite of their demonstrated beneficial effects on hospitalization, on the comfort, well-being, and longevity of the American people, and on other important factors of the quality of life and the cost-effectiveness of our profession and industry.

—Abuse and misuse of drugs tends to "muddy the waters"—to compromise the credibility of those concerned with appropriate therapeutic use of drugs.

—An apparent lack of concern with innovation in drug therapy is utterly inconsistent with the great strides that have been made in modern drug therapy since the mid-thirties.

—Must the hard lessons of Britain's national health insurance and the Manitoba or Canadian plans be learned only as we experience them ourselves?

—Must pharmacy be vulnerable to forces that would destroy it by dividing it?

—Has pharmacy been lulled into a posture of complacency and malleability by victories that may prove to be not only limited but utterly empty? (For example, would the pharmacist's right to "product selection" by a change in the states' substitution laws be negated by a federal list of therapeutically acceptable drug products from which the pharmacist would be required to make his "selection"?)

—In short, the development, production, distribution, and application of drug products in accordance with the patients' needs is a collaborative enterprise of pharmaceutical manufacturers, wholesale drug distributors, and pharmacist practitioners that is regulated not only internally by the profession and the industry but also, increasingly, externally by federal and state governments. And over-regulation of the pharmacy consortium will inevitably lead to its serious erosion in the United States at the very time when the nation's need for its capabilities, services, and products can be more-and-more fully satisfied without the inflation that threatens the supply of many

(Continued on Page 25)

COMMITTEE MEMBERS

Gerald N. Brunson, Atlanta
Fred M. Eckel, Chapel Hill
Seymour Holt, Indianapolis
Jesse M. Pike, Concord
W. J. Smith, Chapel Hill
G. P. Hager, Chm., Chapel Hill

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Report: National Legislation

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The agenda for the formal session of the Committee's meeting on February 9th follows:

MODEL STATE DRUG PRODUCT SELECTION BILL and FEDERAL DRUG SUBSTITUTION LEGISLATION.
NEW DRUG REGULATIONS REFORM ACT and the LANNETT COURT DECISION.
NATIONAL HEALTH INSURANCE
MEDICAID PHARMACY SERVICES REIMBURSEMENT
GUIDE TO PRESCRIPTION DRUG PRICES
PATIENT PACKAGE INSERTS
MAC/EAC STATUS
REGISTRATION OF DETAIL MEN/WOMEN
FTC INITIATIVES AFFECTING PHARMACY
PRB versus PRAC versus CONSULTANTS
DELANEY AMENDMENT/SACCHARIN BAN

Obviously, the above agenda would require much more time than a single day's deliberation by the Committee. In part, at least, this limitation was relieved somewhat by distribution of numerous documents relevant to the agenda items during a five-month period preceding the meeting.

Each item was assigned to individual member(s) for study and each of them was requested to lead the discussion of the assigned item at the meeting and to prepare a summary statement including a record of any action(s) taken by the Committee

MODEL STATE DRUG PRODUCT SELECTION BILL AND FEDERAL DRUG SUBSTITUTION LEGISLATION—The FTC/HEW Model State Drug Product Selection Act, released January 9, 1979, was announced to be "a means of encouraging and assisting the states in amending their laws to promote the selection of generic drug products . . . that are lower in cost but therapeutically equivalent to drug products marketed and prescribed by brand name."

It claims the following features:

a. to permit pharmacists to select a lower cost generic drug product from a "positive formulary" listing drugs that have been determined by the FDA to be therapeutically equivalent:
b. to recognize the absolute authority of the physician to prohibit drug product selection upon the determination that a specific brand-name product is medically necessary;
c. to assure that pharmacists who choose to select lower cost generic drug products will share these savings with consumers, without eliminating pharmacists' incentives to dispense generic drug products;
d. to assure pharmacists that no greater liability is involved in generic drug product selection than would be involved in filling a prescription for a drug product prescribed by its generic name; and
e. to permit consumers to choose whether they wish to receive a less expensive generic drug product selected by the pharmacist or the prescribed brand-name product.

But the FTC/HEW commentary accompanying the Model Act reveals that:

a. the formulary referred to in the act is to be based upon the recently-released FDA document, *Approved Drug Products: with Proposed Therapeutic Equivalence Evaluations,* which "presumes therapeutic equivalence of pharmaceutically equivalent products so long as the products are manufactured in accordance with Current Good Manufacturing Practice Regulations and meet the other requirements of their approved applications" despite its acknowledgment that "from time to time, approved products may be found to be in violation of one or more requirements of the Act" and "regulatory action is independent of inclusion of products."
b. e the brand prescribed, the physician must handwrite the words "medically necessary" on the prescription blank as evidence of the "prescriber's conscious decision" and in order to prevent prescribers from "exercising their 'veto' because they oppose product selection."
c. the amount of the pharmacist's share of the savings and the amount to be passed on to the consumer are specifically avoided as being difficult to calculate,

(Continued on Page 27)

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Report: National Legislation

monitor, or enforce, and the pharmacist is not required to inform the purchaser of the difference in prices of the brand prescribed and the generic dispensed "because that calculation may be sufficiently burdensome to discourage product selection."

d. the limitation of liability does not prevent the pharmacist from being held responsible for product selection decisions—he remains accountable for making rational, informed judgments.

e. the Model Act does not require that the patient or purchaser be informed "of the selection of a lower cost equivalent drug product and of the person's right to refuse the product selected" *prior* to the filling of the prescription, by reason that prior notice is inconvenient.

f. labels for *all* prescriptions—those product-selected and otherwise—would be required to carry the dispensed product's "trade or brand name, if any, or its established name and the name of the manufacturer, packer, or distributor."

g. the responsible state agency may list additional products in the formulary which *it* determines "to meet adequate requirements to assure product quality and therapeutic equivalence."

h. the state agency "from time to time shall monitor the effects of this act" in motivating pharmacists to select generic equivalents and to provide cost savings to consumers and it "shall assist the need and if appropriate provide for public education regarding provisions of this act; "for example, the agency could examine the extent to which retail pharmacies provide the necessary consumer information and, as needed, supplement those efforts through the mass media or at retail outlets. Editorial comment accompanying the Act suggests that "Publicized through the media and made available where prescription drug products are sold to the public, a properly designed guide would facilitate price shopping by consumers and consumer groups."

The Model Act is the Federal government's most recent effort to promote and facilitate the dispensing of generic drugs on brand-name prescriptions. With four-fifths of the states already having some form of product interchange permissible, the government apparently issued the Act in lieu of seeking Congressional legislation. In doing so, they must have recalled the opposition which organized pharmacy expressed to H. R. 882, the "Prescription Drug Labeling Act," in the 94th Congress and structured the Model Act to appeal to pharmacists. H. R. 882 would have provided pharmacists with a product interchange prerogative, but if they elected to do so they had to dispense the least expensive product on the market. The claimed features of the Model Act probably will appeal to many pharmacists and gain organizational support from at least APhA.

The provisions of the Model Act seem well calculated to insure, that product interchange will occur on brand-name prescriptions—

a. in writing a prescription, the physician is required to depart from his traditional habit pattern and handwrite "medically necessary" on the prescription blank to secure the brand prescribed;

b. the consumer is given little in the way of information or choice—when he or she comes to pick up the prescription at the pharmacy, an already-filled prescription on which brand interchange has occurred is presented to him or her with an "option" of refusing it, but without having to be told the difference in price of the product prescribed and the one dispensed;

c. the pharmacist is given an incentive—he or she can keep part of the "savings" resulting from the interchange.

But it also seems reasonable to conclude that—

a. the pharmacist is given no additional protection against civil accountability for his or her actions, even though implied; moreover, pitfalls in reliance upon the formulary could increase his liability exposure;

b. the pharmacist's portion of the "savings" between the cost of the brand prescribed and the one dispensed could be reduced significantly as the state agency promotes price-shopping by consumers by providing prescription price information;

(Continued on Page 29)

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Report: National Legislation

c. the physician, the pharmacist, and the consumer experience an increased risk of encountering a defective product—the presumption of therapeutic equivalence of products on the FDA list of *Approved Drug Products* is based upon (1) the compliance of marketed products with existing quality standards and (2) the ability of the FDA to detect and remove a non-compliant product from the market before it is used; this should be considered in light of the FDA's published results of its inspection of human drug samples—during the thirty-month period up to June, 1978, FDA examined 21,927 domestic samples and 6,300 imported samples; 30% of the domestic samples were not in compliance and 61% of the imported samples failed to comply (incidentally, according to the OTA Report, more than *2.5 million batches* of products were manufactured in this country in that period).

In the Committee's discussion, support for drug product selection legislation that would really assure continued delivery of high quality drug products to patients at reasonable prices was clearly evident. However, the Model Act falls short with respect to these aspirations as indicated in the above summary and in the following recommendation of the Committee that:

> The N. C. Pharmaceutical Association recognize responsibility of the physician for the treatment of his patient and support his prerogative to prescribe the specific drug products that he considers important for the care of his patient. When the physician permits product selection, the pharmacist should have the prerogative of exercising his professional judgment in the selection of a quality product that will provide reliable therapeutic activity at a reasonable cost.

NEW DRUG PRODUCT REFORM ACT AND THE LANNETT COURT DECISION.—The 1978 proposals were identified as S2755 (Kennedy) and H. R. 11611 (Rogers) bills. It is anticipated that the 1979 versions will be presented to Congress. Senator Kennedy's staff has been making revisions in the 1978 proposal, and a 1979 bill is anticipated soon. It is likely that much that appeared in the 1978 draft will appear again, but until a new bill is available, comments must be directed to the 1978 draft. Some areas of primary concern to pharmacy are outlined:

a. *Intrastate Controls.* The bill expresses concern with Federal drug regulatory compliance at the intrastate as well as the interstate commerce levels. The two would be treated the same. However, there is a disclaimer to any intended Federal control of certain professional practices of the state such as licensure, etc.

b. *Monographs of drug entities.* A monograph must have issued, or provisionally issued before a drug entity (and product) can enter commercial channels. An outline of monograph contents was included. Details were outlined for terms of provisional or final assurance, amendment, revocation, and suspension of a monograph. Objections to the monograph have included concern with the almost open-ended powers of the HEW/FDA to use the monograph as a weapon to achieve arbitrary objectives. If a monograph or equivalent document were needed (in addition to product data already available in other compendia), there is considerable feeling that some organization other than FDA should provide it (USP?). A monograph may be issued provisionally for up to three years; however, the FDA could extend it for additional terms.

c. *Licenses under a monograph.* FDA may issue licenses under a monograph to manufacturers of new drugs five years after that of the innovator, unless the original holder approves another licensee prior to the end of the five-year period. Licenses may be suspended or revoked by FDA for a variety of reasons.

d. *Distribution restrictions.* The bill proposed that distribution and dispensing of drug products licensed under a monograph not be restricted to certain practitioners with special training or certification *unless* the Secretary of HEW determines otherwise, for reasons of "safety." (The latter qualification could be exercised arbitrarily.)

e. *Postmarketing Surveillance and Postmarketing Studies.* Issuance of a monograph may carry with it certain requirements for post-marketing surveil-

(Continued on Page 31)

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Report: National Legislation

lance. Although there is general agreement that there is a need for improved postmarketing surveillance of a new drug, the procedures for accomplishing this are still a matter under review by a specially appointed committee given this charge. Such a requirement should at least be deferred until there is information of how it can be done. Industry, physicians, and pharmacists all would likely play a part in such surveillance.

f. *Batch Certification.* The bill proposed to extend the batch certification requirement to a much wider range of new products. This is unlikely to add assurance as to product quality and would significantly increase product costs.

g. *Registration of establishments.* Manufacturers, importers, exporters, and distributors of drug entities as drug products would need to be registered. Pharmacies "compounding" drugs for prescriptions would be exempt from such a registration requirement.

h. *Homeopathic drugs.* Homeopathic drugs (listed in the Homeopathic Pharmacopeia) are exempted from many of the requirements applicable to other drugs.

i. *Drug information.* The bill proposed a variety of controls over labeling and promotion of drug products. Patient package insert information would be more widely used.

j. *Gifts and equivalents.* Gifts of value in excess of five dollars are prohibited in most instances.

Miscellaneous impacts of a bill such as that proposed in 1978 would include the following:

a. The purported objective of "expediting" the regulatory clearance of new drugs does not appear to be met.
b. Costs of new drugs would increase.
c. FDA would be granted wider arbitrary powers.
d. Innovative pharmaceutical companies would be further penalized.

Among the powers extended to FDA by such a bill, there would be several that could hasten the confluence of certain present objectives of regulating agencies such as:

1. creation of a Federal list of products purported by FDA to be equivalent.
2. directives to fill prescriptions with the cheapest product on such a list.
3. extension of the requirement for patient package inserts.
4. increase in pressures to provide unit-of-use packaging (with inclusion of the patient package insert).

At such time that the above four trends come into confluence, there are reasons for grave concern about any residual professional role for the pharmacist.

With regard to the Lannett decision, it should be pointed out that if the decision be sustained after further appeals by FDA, the situation for pharmacists would become further complicated with respect to product substitutions. FDA has held that if multi-source products have approved abbreviated new drug applications (ANDA's), these are therapeutically equivalent to the original NDA'd product. This has been challenged by others. If the Lannett decision holds, then products previously candidates for ANDA's (1938-1962 introductions deemed DESI effective) could be marketed without any FDA preclearance. FDA's arguments that this would be hazardous to the public reiterate many of the arguments the innovative pharmaceutical industry has been making in criticizing FDA in being less than adequate in its requirements for evidence of bioequivalence (and implied therapeutic equivalence) of many AND'd products relative to the NDA'd products' therapeutic performances. The presence of non-cleared products on the market further complicates questions as to legal liabilities in product substitutions.

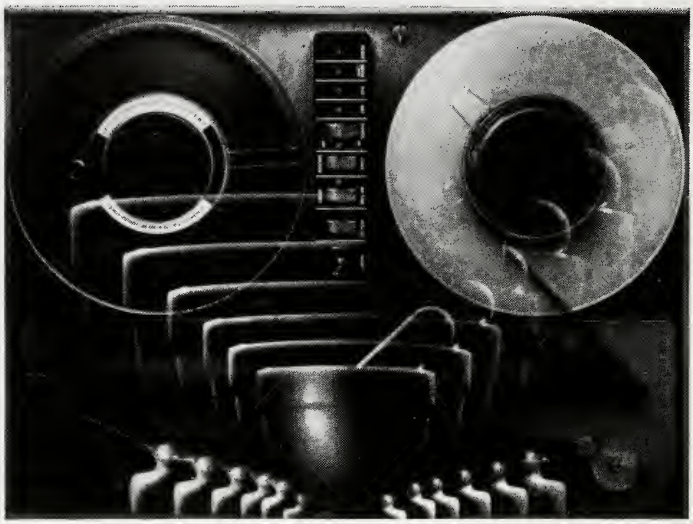
NATIONAL HEALTH INSURANCE.—The Committee did not discuss NHI in detail because the passage of NHI legislation by the 96th Congress appears unlikely. The inevitable effect of NHI on inflation mitigates against such legislation at this time.

MEDICAID PHARMACY SERVICES REIMBURSEMENT.—Because of a lack of substantive information on this subject at the time of the meeting, discussion by the Committee was postponed.

GUIDE TO PRESCRIPTION DRUG PRICES.—The following letter was sent to Robert A. Derzon, then Administrator of the Health Care Financing Administration, on August 21, 1978, by Executive Director Mebane:

(Continued on Page 33)

LOOK WHAT'S BECOME OF THE MORTAR AND PESTLE.



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Report: National Legislation

Dear Mr. Derzon:

Thank you for the Draft Copy of "The Guide to Prescription Drug Prices" sent to the North Carolina Pharmaceutical Association, and for the invitation to comment on the draft.

I must protest vehemently at the publication of wholesale drug prices made available to the general public, if for no other reason, as capricious and a violation of business and professional ethics. Since publication of this "Guide" will be at six month intervals with six week old data, inevitably consumers will become confused and feel cheated when pharmacists are forced to pass along manufacturers' price increases which occur too often for the "Guide" to reflect current prices.

In addition, it appears discriminatory for a department of the federal government to publish cost figures for a particular industry which will lead the public to make comparisons on pharmacies based solely on price, with no thoughts as to the services provided as part of the final price of the product, in this case, a prescription. I should appreciate a similar "Guide" to automobile parts, jewelry, clothing, and food, so that I might be a more informed consumer.

While the intent of the Health Care Financing Administration is laudable, that is, to help reduce the costs of health care, it seems inappropriate to focus on that segment of health care which has increased in cost the least of any area of health care.

The publishing of a document which will admittedly be inaccurate when mailed is irrational, and a better approach to letting pharmacists, physicians, and consumers know of the differences in drug costs might be to print a "comparative cost guide," using a bar graph to show the differences in costs of equivalent drugs, but not the actual price. This comparative guide would be more usable and accurate than that which is now contemplated, for while drug prices constantly change, the relative differences would remain the same. As printed now, I do not foresee pharmacists for physicians using this "Guide" to any great extent, for it is poorly planned and not accurate in the expected daily costs. Grouping of such analgesics as Acetaminophen with Codeine along with Meperidine and Oxycodone with APC is not medically sound, as no physician would consider them interchangeable. The grouping of Pentazocine and Aspirin is equally unsound.

May I suggest that you review some of the concepts of this "Guide" and reconsider whether or not public funds are being expended wisely. As an attempt to cut costs, this publication is doomed to failure. As an example of a poorly conceived and executed program to inform those who determine drug usage, it is very successful.

Very truly yours,

The Committee endorsed Mr. Mebane's letter and agreed that the response be subsequently received was defensive in nature and failed to answer adequately the questions asked or to address the points raised. Undoubtedly pharmacist practitioners will express their dissatisfaction with the Guide in their communications with members of the North Carolina Congressional Delegation.

PATIENT PACKAGE INSERTS.—The Association's Resolution No. 6, 1978 annual meeting, pertained to PPI's and was reviewed briefly. However, because of uncertainty of HEW's current position at the time of the Committee's meeting and the possibility that the PPI issue may be combined with the unit-of-use issue, it was considered prudent to defer further consideration to a later date.

MAC/EAG STATUS.—The federal government's effort to promote the use of less expensive quality drugs through its maximum allowable cost (MAC) program appears to be accelerating. In a news release, Secretary Califano suggested that by June, 1979, HEW is expected to expand from twelve to forty-four the number of reimbursable generic drugs in the MAC program. The number may total seventy by December, 1979, the same news release predicts. The seventy drugs will include virtually all those for which there are generic equivalents according to an HEW source.

The commitment to the maximum allowable cost program by the federal government appears to be strong. Pharmacists must be able to function economically with this system if the maximum benefit to the patient served by the pharmacist and the profession of pharmacy is to be realized. Currently the

(Continued on Page 34)

Report: National Legislation

MAC price established enables pharmacists to select from drug products from different manufacturers. Pharmacists must recognize their responsibilities in making such selections and must purchase drugs on the basis of quality as well as price. The North Carolina Pharmaceutical Association should consider ways to assist the pharmacists in making decisions about drug product quality. The Association must continue to monitor the proposed MAC level to be sure that the level will not preclude drug product selections that the pharmacist feels to meet acceptable quality standards.

One area of potential concern which should be watched closely by the Association is the ability to purchase unit dose packaged drugs under the MAC program. At present, exemptions for certain MAC drugs exist. In order to prevent the MAC program from interferring with community pharmacists who participate in nursing home pharmacy services, the MAC program must not restrict their reimbursement for specially packaged drugs.

REGISTRATION OF DETAIL MEN/WOMEN.—Several states have attempted through regulation or legislation to require registration or licensure of manufacturers' representatives. PMA indicates that, to their knowledge, no states presently register or license individual detail persons. Some states register out-of-state manufacturers.

PMA expects bills to be introduced in 1979 in the legislatures of Florida, New Mexico, South Carolina, and Texas. The Florida and Texas bills are anticipated to provide for licensure and not merely registration, and Florida's proposal will require a detail person to be a state-licensed pharmacist. The possibility for registration bills for detail persons and/or manufacturers also exists in Alaska, Arizona, California, Connecticut, and Kansas.

Efforts by states to register/license detail persons appear to be back-door approaches to controlling sampling and perhaps, eventually, to regulating the activities of detail persons. The rationale often given for requiring such registration/licensure, however, is to obtain information to identify any diversion of controlled substance drugs and to insure "accountability" of the individual.

It is conceivable that such efforts are, either directly or indirectly, prompted by attitudes held by some both inside and outside the profession that "detailing" is biased, irresponsible, and socially wasteful. In this connection, two recent references are worthy of note. An FTC briefing book prepared by its Office of Policy Planning and Evaluation for a December 15, 1978 Drugs and Medical Devices Policy Review Session commented as follows in its section III. A.c. Marketing and Promotion:

> "Because the FDA requires listing of both positive and negative factors in drug promotional materials, there is an element of objectivity in ethical drug advertising . . . Despite allegations of bias and incompleteness, most critics agree that promotional materials and detailing play a valuable role in disseminating drug product information to physicians since it is the principal means by which physicians are alerted to new products."

Also, David Schwartzman (*Innovation in the Pharmaceutical Industry,* Johns Hopkins Press—1978) drew these conclusions after evaluating "the case against the promotional activities of the industry:"

> "There is no basis for the argument that promotion has led to overprescribing and to harmful treatment of patients. Promotional efforts in this industry have provided essential informational service to doctors. We have also considered the cost of promotion, and have not found it excessive. The apparently high ratio of advertising expenditures to sales can be explained by the special need for information in this industry, and by the large number of companies, doctors, and products. We have also seen that from the standpoint of the benefits of information to doctors and patients, a reasonable case can be made for the position that the expenditures on promotion by the industry have been inadequate rather than excessive."

FTC INITIATIVES AFFECTING PHARMACY.—Some of these have been included in the discussion of foregoing items and the subject was not discussed further at this time.

PRB versus PRAC versus CONSULTANTS—At the time of the meeting, this item was not of immediate concern and was not discussed further.

DELANEY AMENDMENT/SACCHARIN BAN.—A resolution opposing the saccharin

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ban and supporting Congressman James G. Martin's proposals pertaining to the Delaney Amendment was adopted by the Association at its 1977 annual meeting (The Carolina Journal of Pharmacy vol. 57, #5, p. 25, May 1977; ibid. vol. 57, #5, p. 34, June 1977). The Committee reaffirmed its approval of the resolution, and Executive Director Mebane advised Secretary Califano (HEW) of the resolution and the Committee's reaffirmation.

Grateful acknowledgement not only for diligent efforts in preparation for and conduct of the meeting of the Committee but also for their cordial hospitality as the Committee met are due Mr. and Mrs. Al Mebane and the staff of the Institute of Pharmacy. The Committee is also most grateful to Mr. Clealand F. Baker (the Committee's official consultant), Dr. C. J. Cavallito, Dr. W. H. Edmondson, and Mr. William Pillow for contributions to the work of the Committee that were essential for its success.

Respectfully submitted,

Gerald N. Brunson
Fred M. Eckel
Seymour Holt
Jesse M. Pike
W. J. Smith
G. P. Hager (Chrmn.)

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Carolyn Clayton, Editor

ScRipt

DEAN'S MESSAGE

The American Association of Colleges of Pharmacy will meet in Denver, July 8-12. A major focus will be on "Maximizing the Profession's Contribution to Society." I am sure that each of you can make your own list which would be exhaustive, revolving around patients and their care.

Webster defines *society* as an "enduring and cooperative social group whose members have developed organized patterns of relationships through interaction with one another." If one takes this definition literally, one comes to the realization that the definition is correct. Groups tend to endure and do develop organized patterns of relationships. Take, for example, the traditionally thought of relationship between the physicians and pharmacists.

The point I would like to make in this message is that *Society,* taken as a whole, is made up of subgroups of "small s" societies, each in its own way not understanding the position(s) of the other. *S*ocietal problems transcend our profession and related professions. The heated discussions over ERA, minority, handicapped, etc. are merely indications that there is much to be accomplished in our *S*ociety which can only be resolved by the full understanding of the *s*ocieties.

WITH THE DEAN

Dean Tom Miya was moderator of an American Medical Association—Society of Toxicology sponsored Symposium on Recent Research on Cutaneous Toxicity held in Washington, D. C. on May 9-10.

On April 30-May 3, Dean Tom Miya served as an external evaluator for the graduate education and research programs in pharmacology and toxicology of both the Schools of Medicine and Pharmacy, University of Utah, Salt Lake City, Utah.

WURSTER JOINS FACULTY

We welcome Dr. Dale Eric Wurster, Assistant Professor, to the Division of Pharmaceutics at the School of Pharmacy. He comes to us with a B.S. degree in Chemistry ('74) from the University of Wisconsin at Madison, and a Ph.D. degree ('79) from Purdue University Department of Industrial and Physical Pharmacy.

Dr. Wurster's specialty is the thermodynamic analysis of the interaction between tablet excipients and water. His philosophy is that "good basic research is necessary to do applied research."

Having an interest in physical pharmacy has led his current research to the study of the thermal energy evolved in tablet compression, in an effort to improve the tableting characteristics of granulation.

Dr. Wurster and his wife of four years, Pamela, reside in Chapel Hill. She also is in the science field, and holds a B.S. degree in Medical Technology from the University of Wisconsin.

Landscape photography and enjoying stereo equipment are two of Dr. Wurster's favorite relaxations.

PROMOTIONS

Congratulations to the following faculty whose promotions have recently been approved:

Jean P. Gagnon—from Associate Professor to Professor

Robert L. Smith—from Clinical Assistant Professor to Clinical Associate Professor

Timothy Poe and Stephen W. Shearer—from Clinical Instructor to Clinical Assistant Professor

William T. Sawyer, G. David Rudd and Betty Dennis—from Instructor to Assistant Professor

SCHOOL RECEIVES ORIGINAL ARTWORK

Smith Kline and French Laboratories presented an original charcoal rendition of the UNC-CH School of Pharmacy to the School on June 6, at a small dinner in Chapel Hill attended by various health science deans and by key pharmacy representatives. Associate Dean LeRoy Werley accepted the sketch from Kenneth Johnson, Associate Director of Government Distribution (SKF), on behalf of the School and North Carolina pharmacy.

The 12" x 17" sketch is the work of nationally acclaimed William C. Ressler, a Philadelphia artist who was commissioned by Smith Kline and French to do a set of drawings of all of the pharmacy colleges in the United States. The complete collection was introduced for the first time at the annual meeting of the American Pharmaceutical Association in New Orleans in 1976.

The sketch is attractively framed and now on display in Beard Hall.

MICHIGAN GUESTS

On May 3, the Division of Pharmacy Practice and the Pharmacy Department at North Carolina Memorial Hospital hosted six visitors from the Pharmacy Department at the University of Michigan Medical Center. The group included five residents who have completed or are completing their Pharm.D. degrees and the Assistant Director of the Clinical Pharmacy Program at the University of Michigan.

Their morning tour at the NCMH Pharmacy included the IV Room, the inpatient and outpatient services, as well as a computer demonstration and introduction to the Drug Information and Inservice Education programs.

The afternoon was spent with the Division of Pharmacy Practice in Beard Hall and included a discussion of the philosophy behind the new UNC Pharmacy Practice Residency, the first of its kind in the nation.

Also in the afternoon session were discussions of the hyperalimentation consult services and ambulatory care programs offered by the Pharmacy Practice faculty.

PAOLONI RECEIVES AHEC AWARD

Associate Professor Claude U. Paoloni, Director of Pharmacy Area Health Education Centers, was the recipient of a plaque at the recent Statewide AHEC Meeting held in Boone, North Carolina.

The plaque was presented to Mr. Paoloni on behalf of the AHEC pharmacists in appreciation of his leadership and support.

Paoloni has been pharmacy director since the inception of the Area Health Education Centers program in 1972. He is also Director of Continuing Education and Externship Program for the School of Pharmacy.

SPRING SEMINARS

Dr. Lars Solander, Director, Office of Educational Research and Development of the American Association of Colleges of Pharmacy (AACP) presented a seminar for the faculty of the UNC-CH School of Pharmacy. His topic concerned the results of the recent AACP national pharmacy faculty salary survey.

Dr. Chester Cavallito, Adjunct Professor, Medicinal Chemistry, spoke on the "Good Laboratory Practice Regulations" as presented in the Federal Register of December 22, 1978. Dr. Cavallito is a former Professor and Chairman of the Division of Medicinal Chemistry at the School of Pharmacy. More recently he held the position of Executive Vice President for Scientific Affairs at Ayerst Laboratories.

WITH THE FACULTY

Dr. Albert M. Mattocks, Professor, Division of Pharmaceutics, and Dr. Robert L. Kunka, former UNC graduate student and now Assistant Professor of Pharmacokinetics, University of Pittsburgh, recently published "Nonlinear Model for Acetazolamide," vol. 68, no. 3, (March 1979) pp. 342-346, and "Relationship of Pharmacokinetics to Pharmacological Response for Acetazolamide," vol. 68, no. 3, (March 1979), pp. 347-349, for the *Journal of Pharmaceutical Sciences.*

Dr. Hani M. Sadek, Assistant Professor, Division of Pharmaceutics, recently attended a

Pharmaceutical Development Conference on Kiawah Island, South Carolina. The Conference was sponsored by the School of Pharmacy at the University of South Carolina and dealt with current issues in pharmaceutical development. Speakers from pharmaceutical industry and different schools of pharmacy provided the background for open discussions on such debatable topics as bioavailability studies, pharmacokinetic data interpretation, dissolution requirements, and stability of dosage forms.

Dr. Bill Wargin, Assistant Professor, Division of Pharmaceutics, held two workshops on the "Basics of Bioavailability" for the Northwest-AHEC. The first seminar was held April 18, at the Forsyth Memorial Hospital; the second on April 25, at Catawba Memorial Hospital.

Dr. K. H. Lee, Professor, Division of Medicinal Chemistry, presented a paper at ACS (AM. Chemical Society)/CSJ (Chemical Society of Japan) Chemical Congress in Honolulu, Hawaii, on "Structure-Antileukemic Activity Relationships and Mechanism of Action of Bruceoside-A and Related Compounds," on April 3, 1979.

Later in April Dr. Lee was also an invited lecturer at various centers of higher education in Taiwan, Republic of China. He presented "Natural Products in Cancer Chemotherapy" on April 17, at the Institute of Tropical Medicine, Kaohsiung Medical College. On April 18, at the School of Pharmacy, also at Kaohsiung Medical College, he spoke on "Cholesterol, Adrenocorticoids, and Sex Hormones."

On April 19, at the Institute of Botany, Academia Sinica, Taipei, Taiwan, Dr. Lee presented, "Novel Chinese Plant-Derived Antitumor Agents and Their Structure Activity Relationships As Well As Mechanisms of Action." On April 20, he was also an invited lecturer at the Pharmacy Research Institute and the School of Pharmacy, National Taiwan University. His topic was "Recent Advances in the Anticancer Drug Research."

Mr. Stephen M. Caiola, Associate Professor, Division of Pharmacy Practice, acted as moderator at a Patient Medication Teaching Seminar on April 18 at Raleigh. Also participating in the seminar were Mr. Fred M. Eckel, Professor, and Mrs. Sandra Hak, Clinical Instructor. The seminar was sponsored by the Capital Health Systems Agency; UNC School of Pharmacy; Wake-AHEC; and the American Hospital Association, Bureau of Health, Education and Welfare.

Mr. Fred M. Eckel, Professor, and Ms. Jannet M. Carmichael, Clinical Instructor, attended the Annual Meeting of the American Pharmaceutical Association on April 21-26 in Anaheim, California. Mr. Eckel presented a paper on the "North Carolina Task Force on Health Planning and Pharmacy Practice." Ms. Carmichael presented a paper and poster session on "The Development of an 'Emergency Room Package' for an Ambulatory Care Clinic."

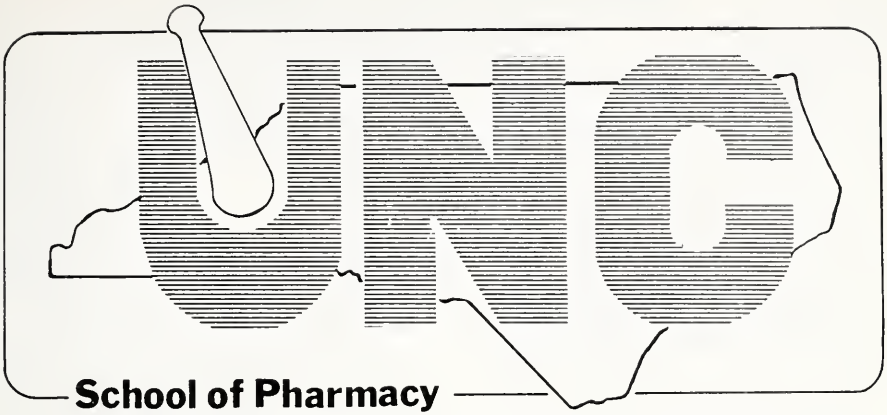
Dr. Jean Paul Gagnon, Associate Professor, Division of Pharmacy Administration, and Richard Schulz, Graduate Student in Pharmacy Administration, also presented a paper on patient behavior patterns regarding prescription refills at the Annual Meeting. Dr. Khalid Ishaq, Assistant Professor, Division of Medicinal Chemistry, was also in attendance.

Dr. Lawrence J. Hak, Assistant Professor, spoke on Clinical Pharmacy at the Burlington Rotary Club on April 23, 1979.

Mr. Charles C. Pulliam, Lecturer, attended the 8th Annual Meeting of the American College of Clinical Pharmacology as a member of their Education Committee on May 1-4 in Washington, D. C.

Mr. A. Wayne Pittman, Assistant Professor, Division of Pharmacy Practice, and Mr. Eckel attended the Spring Meeting of the N. C. Society of Hospital Pharmacists on May 4, in Wilson, N. C. Mr. Eckel presented a talk at the meeting on "Unit of Use Packaging—Future Impact on Pharmacy."

Mr. Leonard Berlow, Assistant Professor, Division of Pharmacy Administration, authored two articles in recent publications. "Motivation: A State of Mind (Yours or Someone Else's)," appeared in *Medical Marketing and Media;* and "The Pharmacist: Are Physicians Wasting this Natural Resource?" was published in *Pharmaceutical Representative.*



Culmination of a four-month-long contest has led to the selection of the first logo ever designed specifically for the School of Pharmacy. The emblem drawn by Charles Pulliam, Lecturer, Division of Pharmacy Practice, was chosen by the Medical Illustrations Department, who judged the contest. Mr. Pulliam's design won over 26 entries submitted by students, faculty, and staff.

UNC PHARMACY STUDENTS TOP NATIONAL SUMMER JOB COMPETITION

Nine UNC-CH Pharmacy Students have been selected for summer internship programs at several pharmaceutical companies. The fourth and fifth year pharmacy students competed nationally with more than 400 applicants for 83 positions in the competition sponsored by the National Pharmaceutical Council (NPC). These nine students represent the highest number selected from any pharmacy school in the country. (It should be noted that seven of our students were also selected in last year's competition.)

The students will rotate through various phases of research, development, production, quality control and marketing in order to better understand the pharmaceutical industry. They will receive internship credit as well as wages and experience.

The nine students and the companies to which they will go are:

Michael Allen (Kinston)	A. H. Robins, Inc. Richmond, VA
Ray Burke (Lagrange)	Burroughs Wellcome Greenville, NC
Elena Holak (Edwardsville, Pa.)	La Roche Laboratories Nutley, NJ
Ted Kyle (Fremont)	Eli Lilly Indianapolis, IN
Earl Lane (Hertford)	Burroughs Wellcome Greenville, NC
Darryl McCollum (Winston-Salem)	Schering Corporation Kenilworth, NJ
Theresa Michaud (Wilson)	E. R. Squibb & Co. Princeton, NJ
Patti Rouse (Kinston)	Burroughs Wellcome Greenville, NC
Georganne Sebastion (Salisbury)	La Roche Laboratories Nutley, NJ

KE UPDATE

by Paula Barfield

Kappa Epsilon held its annual Founder's Day Banquet at the Country Squire Steakhouse on March 30. At that time, four KE members were inducted into the alumni chapter: Kathy Webster, Cathy Lott, Andie Carver, and Priscilla Brown. Also advisor, Dr. Jack Wier, was inducted as an associate member.

Kappa Epsilon sponsored the OTC Drug Fair held recently at the Carolina Union. It proved to be a success as many students stopped by to ask questions and obtain manufacturer's samples.

FORMATION OF CIPS

by Phillis Cory

The School of Pharmacy is proud to recognize the formation of a new organization, the Carolina Industrial Pharmacy Society (CIPS). This Society received official recognition from the Office of the Vice Chancellor for Student Affairs of the University on April 23, 1979. Official by-laws were approved and submitted to the Director of Student Affairs to receive this recognition.

CIPS was organized with the intention of providing liaison between pharmacy students, practicing pharmacists, and members of the pharmaceutical industry. The Society will serve to acquaint the pharmacy student with opportunities in industry.

Dr. James Olsen, Chairman, Division of Pharmaceutics, is the sponsor of the Society. President, vice-president, secretary, and treasurer are Phyllis Corey, Theresa Michaud, Julie Parmer, and Betty Whitehead, respectively.

Any interest, comments, or information concerning joining CIPS should be directed to Dr. James Olsen, Beard Hall at UNC-CH.

DRUG INFORMATION REPORTS

Questions recently received:

—Are all theophylline salts alike?

Salt	*Anhydrous Theophylline Content (mg.)*
Theophylline sodium glycinate 100 mg.	50
Oxtriphylline 100 mg.	65
Theophylline monoethanolamine 100 mg.	75
Aminophylline 100 mg.	85
Theophylline monohydrate 100 mg.	90
Theophylline anhydrous 100 mg.	100

* * *

—What factors can significantly alter the elimination kinetics of theophylline?

a. Liver disease
b. Congestive heart failure
c. Cigarette smoking
d. Concurrent erythromycin therapy
e. Age

* * *

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For references or further information, please contact David Rudd, M.S., Division of Pharmacy Practice, UNC-CH School of Pharmacy, Chapel Hill.

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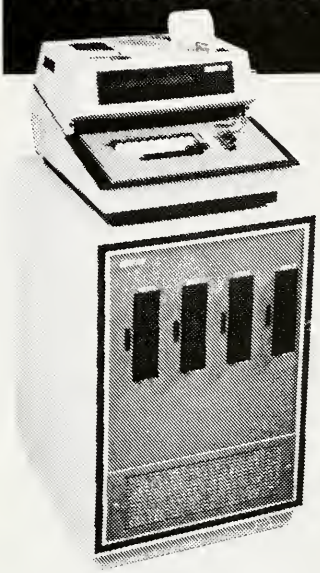

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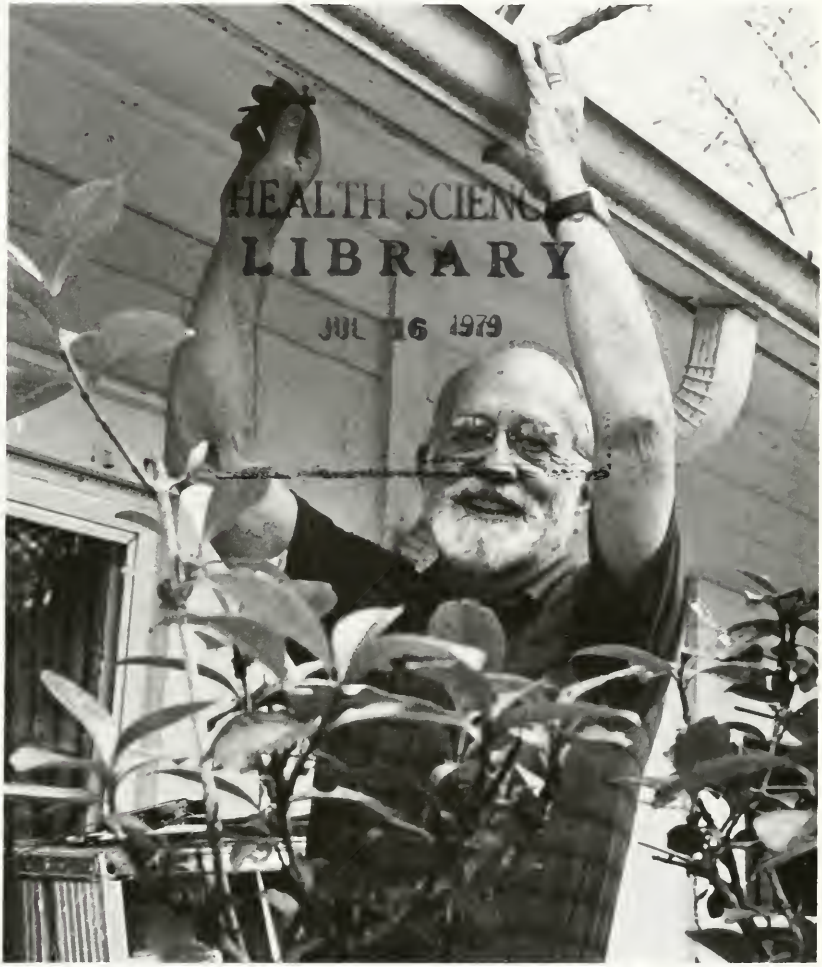

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In case immediate recognition of the pharmacist pictured above fails you, here are some clues: Chief pharmacist at Watts Hospital (1935), Inspector for the N. C. Board of Pharmacy (1937) and Secretary of the Board from 1945 to 1976 . . . Harmon C. McAllister, now retired, is fully occupied with hobbies, painting and woodworking (grandfather clocks) plus home maintenance; example (shown) installing hanging flower baskets.

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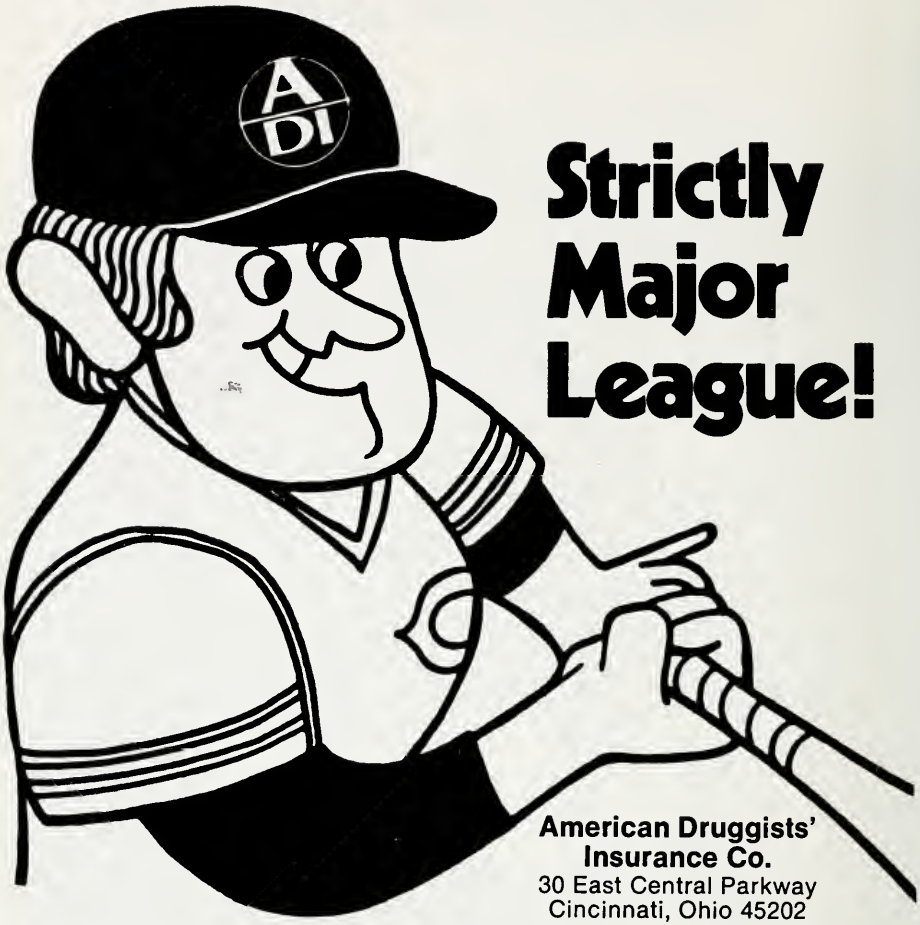

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THE PRESIDENTS—PAST AND PRESENT

Officers who presided during the May 27th pharmaceutical convention in Raleigh, left to right: W. H. Andrews (TMA), Greensboro; Mrs. Milton W. Skolaut (Woman's Auxiliary), Durham-Chapel Hill; and Herman W. Lynch (NCPhA), Dunn. Photo by Colorcraft.

Three presidents who will direct their organization's programs and projects during the next twelve months, left to right: Joe Miller (NCPhA), Boone; Mrs. J. Marshall Sasser (Woman's Auxiliary), Smithfield; and Horace Lewis (TNA), Raleigh. Photo by Colorcraft.

CONVENTION HIGHLIGHTS

The 1-day 1979 Convention of the North Carolina Pharmaceutical Association and Affiliated Auxiliaries held in Raleigh at the Royal Villa on Sunday, May 27, was devoted to essential business transactions including officer and committee reports, presentation of awards and officer installations.

A 4-day fly-cruise session featuring a number of continuing education programs (page 9) followed the business sessions in Raleigh.

The opening session on Sunday included an invocation by L. Kenneth Edwards, Jr., call to order by presidents Herman W. Lynch, W. H. Andrews and Mrs. Milton Skolaut plus these award presentations:

- 50 Plus Club
  Benjamin F. Stone of Elizabethtown and Henry Sigley of Asheville.
- Syntex Practitioner-Instructor of the Year Award
  C. Thomas Dagenhart of Charlotte.
- Don Blanton Memorial Award
  Dean Tom Miya of Chapel Hill
- A. H. Robins Bowl of Hygeia Award
  Homer Andrews of Burlington
- The Squibb & N. C. Association of Professions Awards
  Herman W. Lynch of Dunn
- The Geigy Pharmacist's Mate Award
  Mrs. Herman Lynch of Dunn
- The NARD Pharmacy Leadership & McKesson-Robbins Presidential Awards
  Joseph C. Miller of Boone

The following were recognized as new members of the North Carolina Academy of Pharmacy, an organization of pharmacists who are especially active in civic, community and professional associations and programs: Elizabeth L. Ayers, Winston-Salem; John D. Badgett, Chapel Hill; Priscilla C. Brown, Winston-Salem; Frank P. Purdy, Wilmington; Hal C. Reaves, Jr., Pinehurst; and Herman W. Lynch, Dunn.

The afternoon NCPhA business session included Rite of the Roses conducted by Mr. and Mrs. L. Milton Whaley; President Lynch's Address (Page 11); Reports by David R. Work, Secretary-Treasurer of the N. C. Board of Pharmacy, Dean Tom S. Miya of the UNC-CH School of Pharmacy and Gail Molic, president of the NCPhA/APhA Student Branches.

Committee reports (appearing in June, July and subsequent issues of The Carolina Journal of Pharmacy) consumed most of the Sunday afternoon session, which was concluded by Report of the Committee on Nominations (Page 7).

Officers of the three organizations (NCPhA, TMA and Woman's Auxiliary) were installed as part of the Sunday night dinner session (Page 6). Guest speaker at this session was The Honorable Isabella Cannon, Mayor of the City of Raleigh.

The evening was climaxed by the naming of the 1979 Pharmacist of the Year: Gilbert C. Hartis of Winston-Salem. Mr. Hartis will be honored in special ceremonies in his home city at a later date.

The Time & Place Committee (Ralph Ashworth, Chairman) recommended Winston-Salem as the 1982 Convention City. The 1980 Convention (100th Anniversary of the founding of the NCPhA) will be held in Raleigh and the 1981 annual meeting is scheduled in Charlotte.

Approximately three hundred members of the three pharmacy organizations and guests left Raleigh on May 28 for the fly/cruise, the details of which will appear in the August issue of The Carolina Journal of Pharmacy.

A report of the Woman's Auxiliary business session appears on page 20 along with Report of the President—Mrs. Milton W. Skolaut (Page 22).

OFFICERS INSTALLED

NORTH CAROLINA PHARMACEUTICAL ASSOCIATION

President: Joe C. Miller, Boone
First Vice-President: Jack G. Watts, Burlington
Second Vice-President: J. Marshall Sasser, Smithfield
Third Vice-President: Ernest J. Rabil, Winston-Salem

Members of the Executive Committee
Keith Fearing, Manteo
Jean Bush Provo, Raleigh
Waits A. West, Roseboro

Executive Director: A. H. Mebane, III, Chapel Hill
Executive Director Emeritus: W. J. Smith, Chapel Hill

WOMAN'S AUXILIARY, NCPhA

President: Mrs. Marshall Sasser, Smithfield
First Vice-President: Mrs. Shelton Boyd, Mt. Olive
Second Vice-President: Mrs. Henry H. Shigley, Asheville
Recording Secretary: Mrs. Jack G. Watts, Burlington
Corresponding Secretary: Mrs. B. P. Woodard, Princeton
Treasurer: Mrs. David P. Work, Chapel Hill
Parliamentarian: Mrs. G. Haywood Jones, Zebulon
Historian: Mrs. J. K. Johnson, Raleigh
Advisor: Mrs. B. Cade Brooks, Fayetteville
Advisor: Mrs. Milton W. Skolaut, Chapel Hill
Coordinator: Mrs. A. H. Mebane, III, Chapel Hill

TRAVELING MEMBERS AUXILIARY, NCPhA

President: Horace J. Lewis, Raleigh
First Vice-President: Charley L. Kimball, Fayetteville
Second Vice-President: Leonard G. Phillipps, Woodstock, Ga.
Secy-Treasurer: L. M. McCombs, Creedmoor
Asst. Secy-Treasurer: David F. McGowan, Chapel Hill

Board of Governors: W. H. Andrews, Greensboro; Roland G. Thomas, Charlotte; W. F. Elmore, Wilmington; Ray Black, Kernersville; and Canie B. Smith, Asheville.

LEGISLATIVE REPORT

The 1979 session of the North Carolina General Assembly adjourned on June 8th after considering the merits of more than 2,500 bills, some of interest to Pharmacy. Although complete legislative details will appear in the August issue of The Carolina Journal of Pharmacy, briefly here was the situation at the close of the Assembly: (1) The Drug Product Selection Bill (HB 818) was enacted into law (effective Jan. 1, 1980); (2) the State Budget includes a Medicaid fee increase of 18¢ (details coming from TCC in June); (3) HB 1159, which the NCPhA opposed, is resting quietly in Senate Human Resources Committee. Since the bill, which requires numerical count of drug product prescribed as well as current date on Rx label, passed The House, bill could be considered by Senate during short session in June, 1980. The May Convention Legislative Report appears on Page 18/19.

OFFICER NOMINEES

We, the Nominating Committee for 1979, submit the following slate of officers, in accordance with the N. C. Pharmaceutical Association's By-Laws. This slate, together with any nominations from the floor, will be submitted to the membership for mail ballot vote thirty days after the close of the annual meeting.

These officers will serve for the year 1980-81 unless otherwise noted.

FOR FIRST VICE-PRESIDENT
(President-Elect)

Marshall Sasser, Smithfield
Franklin Wells, Benson

FOR SECOND VICE-PRESIDENT

Lamar Creasman, North Wilkesboro
Ernest Rabil, Winston-Salem

FOR THIRD VICE-PRESIDENT

A. Hunter Smith, Fayetteville
Julian Upchurch, Durham

MEMBER OF EXECUTIVE COMMITTEE, NCPhA

H. Shelton Brown, Jr., Cary
C. Tom Dagenhart, Jr., Charlotte
Julius Howard, Wilmington
Roger Cash, Fayetteville
Lewis M. Ferguson, Taylorsville
Evelyn P. Lloyd, Hillsborough

FOR MEMBER N. C. BOARD OF PHARMACY, 5-YEAR TERM

William H. Randall, Jr., Lillington
Edward R. Thomas, III, Shallotte

FOR DIRECTOR, N. C. PHARMACEUTICAL RESEARCH FOUNDATION

Tom R. Burgiss, Sparta
Marion Edmonds, Greensboro
Milton Skolaut, Durham
George Willets, II, Wilmington
David D. Claytor, Chapel Hill
John C. Hood, Jr., Kinston
W. A. West, Roseboro
L. Milton Whaley, Durham

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SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
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5	6	7	8	9	10	11
GEER'S *1979* TRADE and GIFT SHOW						
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

1979 AUGUST 1979

1979 NORTH CAROLINA PHARMACEUTICAL ASSOCIATION BAHAMA CRUISE CONVENTION ABOARD M/S SUNWARD II

CONTINUING EDUCATION PROGRAMS

Tuesday, May 9

"Motivation" by Charles H. Singler, Vice-President, Sales, Burroughs Wellcome Company, and "Recent Developments in Chemotherapeutics," Courtesy: S.K.F. Laboratories. 1. The New Semisynthetic Penicillins and 2. Cephalosporin Antibiotics.

Wednesday, May 30

The Medicaid Program or "What, No More Stickers?" by H. Shelton Brown, Jr., The Computer Company; "Co-Ops for Computers" by Thomas R. Burgiss and Ernest J. Rabil; "Silent Countdown" (Hypertension), and "Moonflights and Medicine," courtesy Merck Sharp & Dohme Laboratories; "Mr. Galen Comes to Town," courtesy A. H. Robins Company; "Contraception—Yesterday and Today" and "Urinary Tract Infections," courtesy Norwich-Eaton Pharmaceuticals.

Thursday, May 31

"UNC Pharmacy AHEC Program" by Claude U. Paoloni, Associate Professor and Director of Pharmacy AHEC, UNC School of Pharmacy; "Proposal for Pharmacist Prescribing in North Carolina" by Fred M. Eckel, Professor and Chairman, Division of Pharmacy Practice, UNC School of Pharmacy. Co-sponsored by Eli Lilly and Company.

"Safe and Effective" by Food and Drug Administration; "Recent Developments in Chemotherapeutics" (The Tetracyclines and Other Antibiotics and Trends in Antibiotic Research), courtesy of S.K.F. Laboratories.

Three film programs, courtesy of E. R. Squibb & Sons: (1) Anatomy of the Cell, (2) Radiation Protection in Nuclear Medicine, (3) Clinical Nuclear Medicine.

SELF-INSTRUCTIONAL PROGRAMS

In lieu of attending some of the scheduled programs as noted above, registrants had the option of studying these self-instructional programs, then answering a series of post-test questions by submitting the answers to Health Sciences Consortium, Chapel Hill:

(1) Diagnosis and Management of Allergic Disorders
(2) Host Resistance to Pathogenic Microorganisms
(3) Microorganism Resistance to Antibiotics

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These faculty members can then bring back the knowledge gained to their students in the classroom, and to you, the practicing pharmacist, in continuing education programs.

The PMA Pharmacy Faculty Program. It's one of the things we're doing to help keep the profession up to date on industry operations.

For more information write to PMA, attention: Dr. John S. Ruggiero.

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THE PRESIDENT'S REPORT

NORTH CAROLINA PHARMACEUTICAL ASSOCIATION

RALEIGH, NORTH CAROLINA

HERMAN W. LYNCH

DUNN

MAY 27, 1979

Mr. Presiding Officer, Ladies and Gentlemen:

The year 1980 will be a milestone in the history of the North Carolina Pharmaceutical Association since we will, at that time, be observing the 100th anniversary of the NCPhA in this same city.

As the 99th president of the association, it has been exciting to take a look at the past as we set the stage for the anniversary celebration. One of the major events next year will be the unveiling and dedication of a historical marker to be erected on the grounds adjacent to the North Carolina Senate Chamber of the historic State Capitol, where the NCPhA was organized in August of 1880. The occasion will not only permit us to take a look at the past but will enable us to set goals for the future which will include challenging opportunities for those not in practice and for future graduates who will be entering the profession prior to the year 2000.

A comparison between the utilization of the pharmacy graduate's knowledge of twenty and thirty years ago with today's graduate puts our progress into proper focus. While a significant gap still exists between pharmacy at the educational level and pharmacy at the practice level, the gap narrows each year. Ultimately, I predict that the statement—'the pharmacist is the most over-educated and under-utilized of all health professionals' will no longer be valid.

With reference to the educational field, particularly the formal 5-year preparatory years at Chapel Hill and elsewhere, the pending reduction of capitation funds and the proposed phasing out of all these federal funds will pose critical problems for Dean Miya and the pharmacy faculty at UNC. With the loss of capitation funds, in the absence of state matching funds, faculty, staff, and program retrenchment is almost a certainty.

We want Dean Miya and the pharmacy faculty to know we share their concern as they attempt to cope with a pending financial crisis, and that their interests and our interests are one and the same.

Perhaps the formation of an advisory group of practicing pharmacists to the School of Pharmacy would be a desirable initial step. In any event, we want the school to know of the association's concern and its willingness to be of assistance when and where needed.

As you know, our School of Pharmacy at Chapel Hill is headed by one of the most outstanding pharmacy educators in the United States, Dr. Tom S. Miya, and he together with a distinguished faculty have generated well-deserved recognition nation-wide.

Just recently Dean Miya received the Wayne State University award for outstanding contributions to pharmacy. He was recognized for his involvment in state and national affairs and for the academic impact his graduates have had in schools of pharmacy. Currently, he serves as president of the 1,000-member Society of Toxicology.

And the record of his co-workers, the pharmacy faculty, is equally as outstanding. We are impressed with the progressive spirit which prevails in Chapel Hill—and with a little bit less interference on the part of HEW and additional financial support on the part of the State of North Carolina, the continued growth and development of the school is assured. Toward that objective, the pharmacy administration can count on unqualified support of organized pharmacy in North Carolina.

During the year it has been my privilege to serve you as president of the NCPhA, continued progress has been made under the capable leadership of executive director Al Mebane, with the assistance of W. J. and Vivian Smith who now serve as consultants to the association.

Much credit for the smooth flowing operation at the association's headquarters building in Chapel Hill can be attributed to the dedication of the office staff which, in addition to the administrative personnel, consists of Betsy Mebane, Donna Stout, and Erie Cocolas, each with specific responsibilities to

(Continued on Page 13)

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PRESIDENT'S REPORT

assure positive response in meeting NCPhA objectives and opportunities.

Adequate financial support is an essential element if the association is to fulfill its purpose to the profession. Since we are now in a transition period of an upward membership fee increase, as previously approved by the membership through mail ballot, we are pleased to report that your response has been favorable. While the association did operate at a deficit in 1978 due to major changes in central office personnel, a current review of the situation indicates that we can anticipate a turn-around this year. If not, changes in the operating budget can and will be made. The NCPhA, in common with other organizations, businesses and individuals, is not inflation-proof.

It is highly essential that we focus our membership efforts on uniting all pharmacists irrespective of their practice environments so that association positions truly represent independent community pharmacists, employers and employees, chain and institutional pharmacists as well as all other practitioners within our profession.

With so much pressure exerted by federal and state agencies, we can no longer afford the luxury of standing alone.

German clergyman Martin Niemoller said it best: "first the Nazis came for the communists: and I didn't speak up because I wasn't a communist. Then they came for the Jew, and I didn't speak up because I wasn't a Jew. When they came for the trade unionists, I didn't speak up because I wasn't a trade unionist. And when they came for the Catholics, I didn't speak up because I was a Protestant. Then they came for me, and by that time there was no one left to speak for anyone."

One of the most significant steps taken by North Carolina pharmacy this past year was the establishment of a health task force, which over a period of months, developed a series of guidelines now in the process of being implemented. To Dean Miya and his co-workers, the NCPhA expresses its appreciation for this commendable effort which has attracted national attention including this quote from *American Pharmacy*, monthly publication of the American Pharmaceutical Association: "If awards were given for pharmacists' participation in health systems agency, the prize would have to go to the pharmacists of North Carolina. Through the efforts of the North Carolina Pharmaceutical Association, the School of Pharmacy at the University of North Carolina, and the North Carolina Board of Pharmacy, a task force was assembled on health planning consisting of pharmacists, consumers, health professionals and health planners. The group met in cooperation with the six HSAs in the state and the state health planning and development agency to consider the current status of pharmacy practice in North Carolina, including numbers of pharmacies, pharmacy population, and drug-related needs of the people of North Carolina. Their efforts resulted in a series of recommendations and conclusions designed to make more efficient use of pharmacy manpower in improving the quality, quantity, and distribution of health care services in North Carolina."

Federal and state governments are having more impact on our profession every day. One of the national pharmacy organizations is pushing this slogan—'Get into politics or get out of pharmacy'—which is another way of highlighting the importance of becoming involved in the political process. Initially, an excellent way to begin would be to join the N. C. Pharmacy political action organization, which is already having a positive impact in the state through candidate support and legislative action.

It has been said many times before but it is worth repeating:

(1) The image of pharmacy in the eyes of the general public is of critical importance if we are to secure community or grass roots support in the future:

(2) We can each be a public relations person for our profession by our actions at home in dealing with people every day on a personal basis.

(3) While it is time-consuming, it is essential that we get involved in civic affairs, church, local government, schools, chamber of commerce, and the like. All are dedicated to improving the quality of life of which we are a part.

(4) You can have clout with politicians if you make a real effort to be politically active. And hopefully, some of you will become so impressed with the opportunity for public service at this level, you will seek to serve at the state or national level. In this case, you may

(Continued on Page 15)

Monte Cohon and Ray Townsend, Pharm. D.'s, operate our Drug Information and Clinical Pharmacy Section of the Medical Bioavailability Unit.

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PRESIDENT'S REPORT

expect support from organized pharmacy and appreciation, since service at this level involves considerable self-sacrifice.

Briefly, to mention some of the highlights of my organized pharmacy involvement during the past 12 months:

(1) The NCPhA convention in Asheville
(2) The NARD national convention in New Orleans
(3) The pharmacy seminar football weekend in Chapel Hill
(4) The NARD legislative conference in Washington
(5) The socio-economic seminar in Chapel Hill
(6) And, of course, attendance at all executive committee meetings of the NCPhA.

Each of these events, in its own way, contributed to the advancement of pharmacy in North Carolina, and most assuredly have added to my capability of more fully discharging the responsibilities of the office to which you elected me.

In legislation two major objectives have been achieved this year:

(1) The introduction of a drug products selection bill—and
(2) An increase in the Medicaid pharmacy dispensing fee.

While the NCPhA legislative chairman, Mr. Rex Paramore, will report in more detail, since the association has been deeply involved in both issues, I did want to point out that the NCPhA was the primary organization in initiating and generating support for the fee increase and the drug products selection bill.

Since the General Assembly is still in session, no positive statements are possible at this time, however, we have been assured that funds for the fee increase, which will total more than $600,000 over a 12-months period, are still a part of the state's budget. The drug products selection bill has wide support in the Assembly also. After the Assembly has adjourned, the NCPhA will then be in position to be more positive about final decisions of our state legislature.

Presently there exists in North Carolina a significant amount of specialized pharmacy know-how which, for the most part, goes untapped. I refer to the past-presidents of the association who, by reason of their long relationship with organized pharmacy in this state, are in a favored position to offer advice and suggestions for both short-term and long-term good of the profession.

While there is no direct intention to by-pass this group, the net result is that we have not fully utilized the knowledge and expertise possessed by the past-presidents, a situation which should be changed in the best interests of all concerned.

Accordingly, I recommend that immediate steps be taken to establish a Presidents' Council, with the nucleus consisting of past-presidents of the NCPhA. We are also hopeful that the past-presidents of the North Carolina Society of Hospital Pharmacists will be interested in becoming members of this council, in order to coordinate deliberations benefitting both groups.

Discussions emanating from such a council could be of immeasurable benefit to both the NCPhA and the hospital pharmacy organization.

At the May meeting of the NCPhA Executive Committee, quite a time was given over to discussion of the 1980 Centennial meeting.

As a result of this discussion, I would like to recommend a suggested procedure for getting the planning underway and coordinated, since it will be time for the April 1980 meeting before we hardly know it.

I suggest that Mr. and Mrs. Marshall Sasser spearhead the historical portion of the program—with the assistance of the Raleigh Convention Co-Chairmen and their Committees.

It is also suggested they rely heavily on the assistance of Joseph Miller, who will be installed as your president later today; Jack Watts, who will be president-elect; and our executive director, A. H. Mebane, III. It is further suggested that W. J. Smith be available as Consultant since he has already done preliminary work toward the erection of the historical marker on the Capitol grounds.

Since time will be a factor, it is hoped the above named people can hold a planning session during the continuing education sessions of the cruise.

We would like to pay special tribute to the committees who have served you at considerable *personal* sacrifice. Not only have they incurred significant financial drains in attending sessions of their respective groups, but they have done research which consumed their own time and efforts. As the chairmen report, you will want to keep in mind the per-

(Concluded on Page 17)

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PRESIDENT'S REPORT

sonal contributions of the committee members as they labored in your behalf.

It is always dangerous to single out one particular person for recognition, but I feel I would be remiss if I did not mention a man who is retiring from the executive committee of the NCPhA after not only serving brilliantly in that capacity, but also as liaison officer during the transition of personnel in the headquarters office. I am, of course, referring to Milton Whaley, we are deeply indebted to him.

Appreciation is hereby expressed to Mrs. Rheta Skolaut and members of the Woman's Auxiliary of the NCPhA for their unexcelled back-up support. Few, if any, similar type organizations can match the programs and projects undertaken by our auxiliary. For dedication beyond the call of duty we salute Mrs. Skolaut, the first president to serve a two-year term since World War II.

Renamed the Traveling *Member's* Auxiliary to reflect changes in its membership roll, year-in and year-out since 1913, the TMA has been a vital force in the growth of N. C. pharmacy. While one of its objectives—sponsoring convention entertainment on an annual basis—is not possible this year, it is with pleasure that we announce that the TMA will combine its 1979 budget with that of 1980 in order to finance an unforgettable entertainment program as a part of the Association's centennial celebration. The N. C. Wholesale Drug firms are doing the same; hence, if you miss next year's super-meeting, you will have to wait until 2080 for a repeat performance.

Again—it has been a pleasure to serve as your president—You mean much to me!!

PHIL LINK WINS FOURNIER AWARD

by Carol Groover
Reidsville Review

It is fitting that a painting portraying one of the most important aspects of Rockingham County's heritage should win first place in the genre division of the Rockingham County Fine Arts Festival. It is even more fitting that the artist of "Selling Tobacco in Reidsville" should receive the show's highest award, the Fournier cup. For a while, Phil Link, a fine artist and an avid promoter of the arts in Rockingham County, has won recognition for his works many times in the 30 years he has participated in the festival, he has never brought home the Fournier for best in show for a painting.

Link, who is a Reidsville native, did win the Fournier cup in 1972 for poetry, but the award for painting is particularly meaningful to him because of his many years of involvement in the Fine Arts Festival and because he considers himself a serious artist in that field.

Most Reidsvillians know Link as the owner and operator of Link Brothers Pharmacy. He grew up here and graduated from the University of North Carolina at Chapel Hill in 1938 in pharmacy. What he describes as a brief exposure to art training came in 1933 at Grand Central School of Art in New York and later through an art course he took at Mars Hill College. And although pharmacy became his career, when he returned to Reidsville in 1945 after his discharge from the Army, art has always been a major part of his life. He and his wife Peggy have for years been interested in helping promote the art climate of Reidsville and it was the Link couple who initiated the idea of the Studio Group in the early '40s.

His love for art is even apparent in the pharmacy itself where each month the works of different local artist line one full wall of the store.

Perhaps Link could have been a professional artist, but he has no regrets about the way he has combined his pharmaceutical career and his art, which is more than just a hobby.

REPORT

NCPhA LEGISLATIVE COMMITTEE

MEMBERS

Chairman: Rex A. Paramore, Nashville
Elliot Giffen, Charlotte
Frank P. Purdy, Wilmington
William T. Sawyer, Charlotte
Henry L. Smith, Chapel Hill
A. Rowland Strickland, Jr., Stantonsburg
W. T. Williams, Rocky Mount
Consultant: David R. Work, Chapel Hill

The 1979 session of the North Carolina General Assembly may be compared to the Army—hurry up and wait. Take House Bill 818—The Drug Product Selection Bill. HB 818 moved quickly through the House Health Committee with an unanimous favorable report, passed the House 104 to 0 on second reading, then was referred to the House Judiciary Committee #3 for what was represented as "minor modifications." House Bill 818 has been in that committee for a month, resting quietly with one exception when Representative Cook succeeded in amending the bill so the 2-liner would be eliminated.

House Bill 818 is not represented as a perfect piece of legislation but it is legislation supported by the NCPhA, the State Medical and Dental Societies, the Attorney General's Office and others.

The Association's position has been and remains: The NCPhA supports drug product selection legislation, as introduced by Pharmacist/Legislator Barney Paul Woodard. Any substantial variation from HB 818 will result in the NCPhA reassessing its position.

So, as of May 27th, enactment of a drug product selection bill will be dependent on action taken by the General Assembly prior to adjournment in June.

A state-wide survey on what it costs to dispense a prescription in North Carolina conducted by Dr. Jean Paul Gagnon of the UNC School of Pharmacy for the N. C. Department of Social Services reinforced what pharmacy providers have maintained all along: the current Medicaid dispensing fee is not realistic in the face of steadily mounting operational costs. Based on the survey results plus other factors, the NCPhA recommended an increase in the pharmacy fee from $2.50 to $3.00. Since the recommendation exceeded Carter's 7% guidelines, the Medicaid staff's initial action was to leave the fee at its present level. Later, following conferences with Medicaid officials and Governor Hunt, a fee increase of 18¢ was added to the current budget, hence effective July 1, 1979, the Medicaid pharmacy fee will be $2.68, representing more than $600,000 additional in fee payments on an annual basis. While the NCPhA is disappointed in its failure to achieve the 50¢ increase, what was accomplished does represent progress. In 1980, during the short session of The Assembly, an effort will be made to bring the fee up to the $3.00 level.

House Bill 1159—Rx Label Bill requires a pharmacist to record the weight, measure or numerical count of the drug prescribed on the label as well as the current date. The bill was introduced by a Forsyth County Legislator after members of a local chapter of the American Association of Retired persons alleged pharmacists were short-counting oral medications. In view of this charge plus the time-

"Service in Wholesale Quantitie

consuming and additional expense pharmacists would face in meeting the current date on 15 million refills each year, the NCPhA opposed this bill.

HB 1159 was approved by a 65-15 vote in the House but is having rough sledding in the Senate following in-put by various pharmacists who have pointed out the impractical nature of this bill.

North Carolina has fulfilled its obligation to the public and to emergency rooms by requiring name and drug strength on label. Twenty-five states have elected not to go this far and we can find only one state, California, with the numerical count requirement.

The Association did not oppose House Bill 1248 since this bill is optional on the part of the prescriber. HB 1248 requires a label warning: "The consumption of alcoholic beverages while on this medication can be harmful to your health" of any tranquilizer or sedative dispensed or refilling a written oral prescription of a practitioner licensed by law to administer such drugs, *if the prescriber so directs on the prescription.*

Note the caution statement appears after the prescriber so directs on the prescription.

A product liability bill was adopted which shifts liability responsibility from distributors/retailers to manufacturers. Passage of this legislation does represent progress over what has prevailed in the past.

The Committee on Legislation expresses its appreciation to Pharmacists/Legislators John T. Henley and Barney Paul Woodard, whose understanding of the legislative process plus their ready accessibility, helped immensely in aiding the committee in discharging responsibility delegated to it by the Association; to the North Carolina Pharmacy Information Alert Group, which did register significant input when requested to do so, and to numerous unnamed members of the NCPhA and allied health groups who had a part in the 1979 pharmacy legislative program.

Since the General Assembly is still in session, the conclusion to this report is still to be written. We hope the ending will be as fruitful as the beginning.

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Open for employment in Northeastern North Carolina. Prior owner/manager and chain store experience. Al W. Benthall, RFD 3, Box 169, Ahoskie, N. C. 27910. (919) 332-8565

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Mann Drugs, 713 West Main Street, Jamestown, N. C. 27282. Contact Bill Boone at (919) 454-3101 (work) or (919) 292-9299 (home).

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Seeking employment with eventual partnership or purchase of pharmacy. Mountain area preferred. Contact: John Stamatiades, 2331 West Palmer Drive, Charleston, S. C. 29407.

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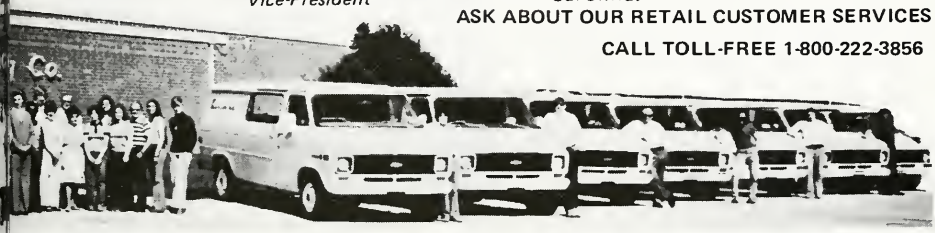

WOMAN'S AUXILIARY, NCPhA
MRS. MARSHALL SASSER INSTALLED AS PRESIDENT AT 52ND ANNUAL MEETING

Mrs. Milton Skolaut, president, convened the 52nd annual session of the NCPhA Woman's Auxiliary at 2 p.m., May 27, at the Royal Villa, Raleigh. Reports were received in printed form from committees as follows: Hospitality, Mrs. Marshall Sasser; Membership, Mrs. Shelton Boyd; Publicity, Mrs. Jerome K. Johnson. Reports were also received from the Parliamentarian, Mrs. R. C. Barricks; Historian, Mrs. G. Haywood Jones; Ways and Means, Mrs. B. Cade Brooks.

Reports of the Treasurer, Mr. A. H. Mebane III and of the Executive Board by Mrs. Henry H. Shigley were also received as a part of the official records.

Next on the agenda was the report of the President, with 1st vice-president Sasser presiding. (See opposite page).

Following the President's Report, Mrs. David Work submitted Resolutions for action of the assembly, and Mrs. James L. Creech presented a slate of officers for the year 1979-1980 as follows: President, Mrs. Marshall Sasser; 1st Vice-President, Mrs. Shelton Boyd; 2nd Vice-President, Mrs. Henry H. Shigley; Recording Secretary, Mrs. Jack G. Watts; Corresponding Secretary, Mrs. B. P. Woodard; Treasurer, Mrs. David R. Work; Parliamentarian, Mrs. G. Haywood Jones; Historian, Mr. J. K. Johnson; Advisors, Mrs. B. Cade Brooks and Mrs. Milton W. Skolaut; Coordinator, Mrs. A. H. Mebane III.

Mrs. W. H. Andrews, on behalf of the Apothecary Club of Winston-Salem, presented a Woman's Auxiliary life membership to Mrs. Gilbert C. Hartis.

Following the business session a tea honoring Vivian Smith was held, marking her retirement as Coordinator of the Auxiliary.

On request, the N. C. Pharmaceutical Association will mail a copy of the Auxiliary's 12-page annual report, which includes reports of the treasurer, recording secretary; hospitality membership , and publicity chairmen; historian, parliamentarian; reports by the publications committee, including Apothecary Kitchen Cookbook report, and report of the president, which appears in this issue of The Journal.

CHARLOTTE AUXILIARY

Reported by Mrs. Lucille P. Williams

The Charlotte Woman's Pharmaceutical Auxiliary met Tuesday, May 8, 1979 at the YMCA for their Installation of Officers. Mrs. Dollie Corwin, president presided and Mrs. Virginia Steele installed the new officers. They are as follows:

President—Mary Lou Davis
Vice President—Linda Lowman
Second Vice President—Myrt Aselment
Secretary—Nancy Hawfield
Corresponding Secretary—Margaret Smith
Treasurer—Mary Margaret Barbre
Historian—Uldene Potter
Advisor—Dollie Corwin

A pharmacy theme was used for the name tags, favors and the attractively decorated tables. Mrs. Corwin was presented a silver pitcher for a job well done as president this past year.

Mrs. Marshall Sasser

PRESCRIPTION FORGERIES

An investigator for the Wilmington-New Hanover County Vice Unit believes an organized group may be behind a recent rash of prescription forgeries.

"Much of what we've been looking into has been done by the same MO (method of operation)," said the investigator. "The handwriting on a number of the forgeries has been the same, and they are usually going after the same type of drug each time."

Law enforcement officials indicated prescription forgeries have become very common in the Wilmington area.

NPhA SCHEDULES ANNUAL CONVENTION

The National Pharmaceutical Association, representing minority pharmacists, will hold its annual convention at the Continental Plaza Hotel in Chicago from August 5-9, 1979.

There are more than 2,200 practicing minority pharmacists in the United States, many of whom will be attending this meeting.

Designed to improve the quality of service rendered by the professional to the public, it will focus upon continuing education and issues affecting minority pharmacists as a group and the profession as a whole.

THE NCPhA IN ACTION

Response by a State Senator to one of the Association's Pharmacy Information Alert Coordinators:

"I appreciate the information you sent regarding House Bill 1159. After talking with the Chairman of the Senate Committee on Human Resources and also to another Senator who is a pharmacist by occupation, I do not feel that you need be concerned that this legislation will be passed during the present session of the General Assembly."

CHANGE IN OWNERSHIP

Jesse Pike has sold three of his five pharmacy operations to Micky Watts (Medical Center of Concord) and others. Two of the pharmacies are located in Concord, the other in Kannapolis.

All of the pharmacies have been named "Service Drugs" and are located at 863 Church Street (Nancy Stiles, pharmacist manager) and 846 Union Street (LeRoy Werley, III, pharmacist manager), Concord, and 1308 South Cannon Blvd. (Billy E. Cranford, pharmacist manager), Kannapolis.

The two remaining Pike operations are: Pike Drug Store, Locust, and Pike's Drug Store, 2044 North Graham Street, Charlotte.

GUILFORD COUNTY SOCIETY OF PHARMACISTS

Reported by J. Frank Burton

Dr. Ronald Garber, a Greensboro nephrologist, was guest speaker at the May 9th meeting of the Society. His topic "Drug Induced Renal Disease" proved very enlightening in regard to the manner in which drugs can cause severe renal problems, and which drugs are the major culprits.

The Society will adjourn for the summer months with the exception of the summer party to be held in July.

President Randy Crawford presided at the meeting which was held in the Thompson Auditorium of Wesley Long Community Hospital.

HARNETT COUNTY PHARMACEUTICAL

Reported by Edith Ann Caviness

Mrs. Helen Crews, Director of the Harnett County Department of Social Services, assisted by Mary Avery and Harvey Godfrey, supervisors, were guest speaker at the May 21st meeting of the Harnett County Pharmaceutical Association.

The formal presentation, which clarified various aspects of the Medicaid Program, was followed by a question and answer session.

Bill Randall, a member of the N. C. Board of Pharmacy, paid tribute to Herman Lynch, who is concluding a 1-year term as president of the N. C. Pharmaceutical Association.

The meeting, held at Heath's Steak House in Dunn, was attended by Larry and J. I. Thomas, Herman Medlin, Byron Johnson, Caul Jernigan, Herman Lynch, Kim and Mrs. Allen from Dunn; and Neil McPhail, Fleming Lovett, Bill Randall and Edith Ann Caviness from Lillington.

WOMAN'S AUXILIARY
NORTH CAROLINA PHARMACEUTICAL ASSOCIATION

REPORT OF THE PRESIDENT—MRS. MILTON W. SKOLAUT

It has indeed been a privilege to serve as your President for the second consecutive year!

On June 20th, the Executive Board Members held their first meeting of the year at the Institute of Pharmacy. Some of the highlights of the Board meeting were:

- Establishment of a $500 scholarship from the Vivian S. Smith Scholarship fund.
- Decision to continue selling "The Apothecary Kitchen" as the major fund raising project of the year.
- Decision to continue Alcohol Abuse and Misuse as the service project of the year.

On July 14th, I had the pleasure of attending the 1978 Pharmacist-of-the-Year Dinner honoring Jimmy Creech in Smithfield. I wish each of you could have attended this celebration.

On September 9th, I was privileged to be guest of honor at the Champagne Brunch held by the Chapel Hill Woman's Pharmaceutical Auxiliary. Later that day my husband and I spent a lovely evening with the members of the Guilford County Society of Pharmacists, the Greensboro Drug Club, and the Greensboro Drug Club Auxiliary.

On September 27th I attended a luncheon meeting of the Cape Fear Pharmaceutical Auxiliary, and enjoyed chatting with so many of you.

The Woman's Auxiliary Executive Board members held its second meeting of the year September 11th. It was announced that the following students were awarded these Auxiliary-sponsored scholarships:

Sarah D. Stocks—W. J. and Vivian Smith Scholarship

Toula Panagiotopoulou—W. J. and Vivian Smith Scholarship

Brenda Kay Montjoy—Lucile Rogers Scholarship

Kim L. Hartgrove—FIRST RECIPIENT OF THE VIVIAN SMITH SCHOLARSHIP

Since last year's Pharmacy Seminar and Football Weekend was such a success, the Woman's Auxiliary and the North Carolina Pharmaceutical Association again co-sponsored the Fall Seminar. The weatherman cooperated to the utmost and everyone enjoyed the "work sessions and fun." All four of the Scholarship Recipients were present at the luncheon. Dr. Stuart Sessoms gave an interesting and informative lecture on "You and Your Health Insurance." Mr. and Mrs. Kenneth Mehrle were honored at the Friday night reception, which was so artistically planned by Sarah Ann Sasser and her committee. Mr. Mehrle, President of NARD, brought a very timely message to each of us about pharmacy on a national scope. Mr. Peter Howsam, Vice-President, Marketing, Burroughs-Wellcome Company, presented "How to Motivate People," which was just fantastic with the slides and commentary. I am looking forward to hearing this presentation again.

Now for the Service Project—Alcohol Abuse. This project has met with some difficulties. The Committee on Alcohol Abuse consisting of Sue Chapman, Chairperson, Shirley Barricks, Anne Woodard, Patsy Millar, Al and Betsy Mebane, W. J. and Vivian Smith, and myself as an ex-officio member has had two meetings. The Committee drafted a proposed letter that was to have been sent to the entire Auxiliary membership together with a proposed pamphlet which was to have been sent to the schools. Both documents represented a lot of thought and hard work. Three members of the Committee met with Dr. Melton in Raleigh at which time they presented the project. Although complimentary of the proposed project, Dr. Melton stated that the school system is so programmed as to not have the "time" to participate. Since the State Task Force is having great difficulty in getting a project off the ground, it would seem to indicate that much of the success of this project will be dependent on the work done at the local levels.

A biographical information form was included in the September Newsletter—many of you returned this form which has been most helpful in planning the path of the future.

The Executive Board met on January 16th. The Executive Board took the following action on the "Apothecary Kitchen" cookbooks:

RESOLVED: That the Woman's Auxiliary order an additional printing of 1,000 "Apothecary Kitchen" cookbooks with no revisions. That these books be ordered with

green plastic cover at an additional cost of only $80.00

RESOLVED: That suggested methods of distributing the cookbooks include the following:

1. A letter be sent to all auxiliary members requesting that each member be responsible for selling five cookbooks and that the member pay for all the books at the time of ordering.

2. A letter be sent to all local presidents suggesting places where books might be sold, e.g. drug stores, hospitals, gift shops, etc.

RESOLVED: That if a local auxiliary choose the sale of the "Apothecary Kitchen" cookbooks as a fund-raising project, they be allowed to retain $1.00 per book to be used for further pharmacy auxiliary projects. Any postage or mailing expense would have to be covered by the local group.

I traveled to visit with you during the year, which definitely ws the highlight of the year. The Greensboro Drug Club Auxiliary cosponsored a beautiful luncheon with the Medical Wives Association and the Dental Wives Association at the Greensboro Country Club. The Winston-Salem Apothecary Club had a delicious luncheon at the Forsyth Country Club in my honor on March 1st. On March 13, I had the privilege of attending a beautiful luncheon at the Windyrush Club sponsored by the Charlotte Woman's Pharmaceutical Auxiliary—this was their annual fun day. My husband and I spent a delightful evening on February 10th in Burlington with the members of the Alamance Pharmaceutical Society, with special hosts, Eloise and Jack Watts. On May 3, I attended a luncheon hosted by the Raleigh Woman's Pharmaceutical Auxiliary and had the opportunity to install their officers for 1979-1980.

I want to thank each of you who have served on my Board this year, giving of your time, efforts, and finances.

I want to thank each of you who have served as officers in your local auxiliaries this year. As you know, we need our local auxiliaries to be as strong as possible. Now to the members-at-large, even though you do not live in an area that has an organized chapter, you are most important to our state auxiliary.

I shall summarize the many projects which you, the local auxiliaries, have undertaken this year (see supplement).

I want to thank the great people—"behind the scene" at our home away from home—the Institute of Pharmacy: Al and Betsy Mebane, Erie Cocolas, and Donna Stout.

I want to thank my guardian angels—Vivian and W. J. Smith. I can never in a hundred years thank them enough for all they have done through the years for the Auxiliary, and continue to do. But, let me express my gratitude by saying this: There has never in my life been two other people who have given so much of their lives so "unselfishly to me."

I shall forever cherish the two years that I have spent being your President—so many fond memories of chatting with you and visiting in your section of the state—you have enriched my life beyond measure. I haven't given to you—you have given to me! Thank you.

Mrs. Milton W. Skolaut

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REPORT

COMMITTEE ON PUBLIC AND PROFESSIONAL RELATIONS

THE ROYAL VILLA
RALEIGH, NORTH CAROLINA
MAY 27, 1979

MEMBERS

Chairman: Patty Giddings, Chapel Hill
Annette Aman, Hickory
Doc Brinson, Kenansville
Page Chenoweth, Roanoke Rapids
N. F. Freeman, Louisburg
Henry A. Leigh, Cullowhee
Ginger Lockamy, Raleigh
W. A. Morton, Sr., Wilmington
James L. Patterson, Statesville
Beth Quedenfeld, Charlotte
Horace D. Steadman, Jr., High Point
Thomas R. Thutt, Kinston
Consultant: Tom Burgiss, Sparta

The meeting began with an introduction of members present, then moved on to old business, as outlined in the committee's report to the NCPhA Convention in April, 1978.

1) Polygraph Testing—This year's committee agreed with last year's conclusion; i.e., we recognize the need for employers to establish security and protective measures in the operation of their business. However, we protest the routine use of polygraph testing as a management tool. It damages the credibility of pharmacy ethics and undermines the pharmacist as a professional.

Recommendation: Pharmacists who are considering employment with firms who routinely use polygraph testing should carefully evaluate the implications from a personal and professional standpoint.

2) Patient Package Inserts—This topic elicited much discussion. For effective use of the PPIs, the pharmacist must spend much time and effort to make the information contained in the PPI understandable to the patient. The committee feels that the most appropriate place for discussion of the PPI is in the doctor's office by the physician, since pharmacists often do not know, or are they free to divulge, the type and extent of the patient's illness. After the initial discussion with the physician, the patient could then be informed that more information is available from the pharmacist and in this manner reiterate the more important points of the PPI. A suggestion was made that a loose leaf notebook of PPIs be made available to the patient, but this was not considered a viable alternative at this time.

Among problems presented by the PPI are storage, time, repetition, cost to patient, and difficulty of language used. The committee felt that storage problems are being overcome by the manufacturer's use of smaller pages enclosed in the bulk package, but partly because of this the PPIs are often discarded by the patient without having been read.

Recommendation: PPIs should be made shorter and more concise. They should be written in a layman's language, and only be given to patients for whom they are appropriate (e.g. males being given estrogenic substances should not be given a PPI). A new PPI should not be required each time a refill is prepared. This would decrease the storage problem of such a large number of PPIs, the time required by the pharmacist to repeat the PPI month after month, and should decrease the cost of the drug to the patient as well. Tom Thutt is drafting a letter to the manufacturers of oral contraceptives to try to determine a cost figure that the pharmacist can give to patients as some justification for the rapid and frequent increase in prices for birth control pills.

PPIs should be produced for each class of drug, rather than for each individual product. This would help alleviate storage problems, and high cost to manufacturer, and perhaps lessen confusion to the patient. Also, the design of the PPI should be more eye-catching for the patient—e.g., IMPORTANT! PLEASE READ in bright colors. Another suggestion was an auxiliary label to be placed on the patient's receipt, noting "Attention: Medical Information Inside."

3) Differential (Preferential) Pricing—This controversial topic arose from the cost discussion of PPIs. Federal and state governments, hospitals, health departments and certain clinics often pay substantially less for particular drugs and products than retailers or even

(Continued on Page 27)

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Public/Professional Relations

wholesalers. Due to the increased interest in consumerism, drugs are not just another "shoppable" item, and the large difference in price to a patient is often hard to justify or explain to the patient. A legislative committee (at the national level) will conduct an investigation of these discrepancies in pricing: Mr. Jesse Pike of Concord will work with the committee. Doc Brinson of this NCPhA committee will write Mr. Pike to express our concern and submit more evidence for the investigation. The members of the committee felt that, because of this large difference in pricing policies, the private sector is subsidizing the public supported sector.

4) Formularies allowing substitution—This topic is related to #3 above. Because hospitals, clinics, health departments, etc. allow substitution via a formulary, often a retail outlet cannot compete on a price basis to the patient because he is not allowed the choice of manufacturer for a drug. This creates another credibility gap in public relations. Pharmacists may be insulted if they think that the physicians at these facilities do not trust or respect their judgment in drug product selection; however, it was pointed out that doctors in these settings often do not know what brand of drug is being dispensed, but they assume that since it's a "clinical" setting, a "reputable" drug will be dispensed.

5) Dispensing physicians—They represent a unique problem to pharmacists, as they can dispense whatever brand they wish, whereas a written prescription the patient takes elsewhere must be dispensed as written, resulting in a large price difference to the patient. It was noted also that often drugs dispensed by physicians are often improperly dispensed and labeled, presenting yet another problem for the pharmacist in identifying the drug. There is no enforcement of drug laws pertaining to dispensing physicians.

Recommendation for #3, 4, 5: The committee will submit evidence to the legislative committee investigating differential pricing policies, and offer whatever support we can give to the committee. No action was resolved concerning formularies and substitution, as it was felt by most members that this problem would soon be resolved in a majority of cases anyway by the new Drug Product Selection Bill which is expected to pass the legislature soon. However, much still needs to be done to improve the image of the pharmacist in the eyes of the physician so that the respect and trust needed to make the new bill successful will be fostered. Because there is no policing agency for or enforcement of drug laws concerning dispensing physicians, this practice should be discontinued completely. PAs and FNPs likewise should not be allowed to dispense drugs.

6) New Primary Care Practitioners (PAs and FNPs)—Members of the committee felt that the original purpose of these practitioners providing primary care to rural areas is not being met. In fact, most are concentrating in urban areas and large medical complexes. Abuse of these practitioners' prescribing privileges were noted, due both to inadequate policing and ignorance of their limitations.

Recommendation: Regular review and more thorough education of all health professionals concerning the privileges and limitations of PAs and FNPs is recommended. Annette Aman of this committee will draft a letter to the N. C. Board of Medical Examiners, the agency charged with enforcing the regulations concerning the PAs and FNPs, relating our concerns and problems, as well as the general confusion and abuses, associated with these practitioners.

7) Continuing and Professional Education—The committee asserted the need to continue working with the NCPhA, AHEC, local associations and the School of Pharmacy to provide interesting and informative CE programs, and to encourage pharmacists to attend. Carolyn Clayton was introduced. She is employed by the School of Pharmacy to coordinate Public Relations for pharmacy. She showed performance of Lilly's new TV and radio spots, and encouraged the committee to support efforts to have these spots aired regularly. She is also taping radio interviews with pharmacists to spotlight pharmacy as a profession. These tapes will be sponsored by Burroughs Wellcome. Peggy Gebhardt has agreed to do the first two interviews.

Recommendation: The committee recommends that the NCPhA buy several copies of these tapes (the exact number to be determined later) and make them available to all parts of the state.

8) Speakers Bureau—The suggestion was made that the NCPhA, chaired through this committee, maintain a Speakers Bureau.

(Concluded on Page 29)

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These people may be called upon to give presentations on a variety of subjects to the public or other professional groups.

Recommendation: To promote this Speakers Bureau actively to the public. A registration form will be submitted for inclusion in the Tar Heel Digest, and for other methods of distribution. Also, the committee recommends that prepared programs be updated and revised when necessary, and that the NCPhA prepare new and different presentations for speakers to use.

9) Academy of Pharmacy—Several members indicated an interest in knowing more about the academy—qualifications for induction, who's in it, what it does, etc.

Recommendation: To educate pharmacists concerning the Academy of Pharmacy and to publicize its activities, inductions, etc.

10) Historical Marker to be placed in Raleigh for Centennial of NCPhA. Special medals are to be cast, and displays of interest to pharmacist will be set up at NCPhA Convention.

11) Legislative Report—Several bills before legislature discussed.

a) HB 1159—require "current" data on labels, as well as quantity of drug dispensed. Members felt this bill would be "troublesome and time consuming," and that it questions the pharmacist's integrity.

b) HB 1248—requires labelling warning on tranquilizers not to mix with alcohol. Members felt this could be supported with minor changes, especially if compromise required to defeat a) above.

c) HB 818—allows drug product selection. Much discussion followed, with two major points of contention: 1) the logo on each tablet or capsule, and 2) the "2-liner" signature. Members felt that by requiring logo on solid oral dosage forms, this may limit the number of generic manufacturers from which to select products. A fear was expressed that, if this bill is passed as written, there will be conflict on Medicaid Rxs between this bill and the bill allowing substitution on Medicaid Rxs.

Recommendation: To work to defeat HB 1159; support HB 1248, especially if proposed changes effected; to support HB 818, with proposed changes. Committee members felt that sublingual, buccal and hypodermic tablets should be exempted from the logo requirement, as they present special difficulty in imprinting processes.

12) Image of Pharmacy—General poor image of pharmacy typified by experience of Chairman Giddings. She was asked to join the Allied Health Professions section of the N. C. Arthritis Foundation, but found on the application, where professions of members are listed, pharmacist was not even listed. It was an "Other," after economists, psychologists, dieticians, physical and occupational therapists, etc.

Recommendation: Pharmacists must get involved, not only in pharmacy, but in related areas as well. Be active in the community, take an interest in legislation affecting pharmacists, and do something. Be visible, be effective.

Next meeting set for Sunday, June 3 at 2:00 p.m. at the Institute of Pharmacy.

Patty Giddings, Chairman
Committee on Public and Professional Relations

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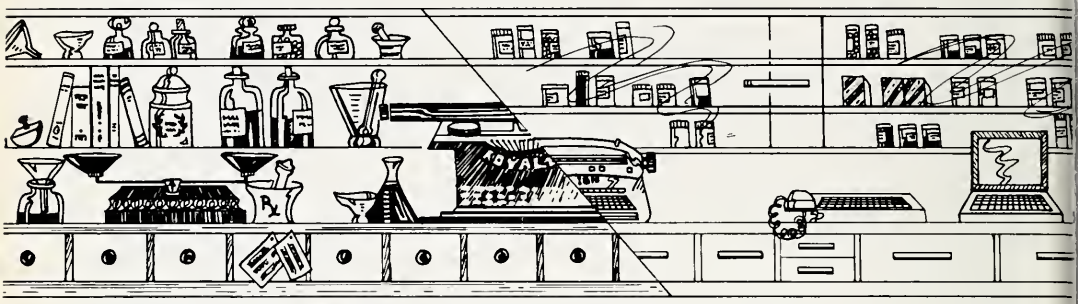

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TEST YOUR KNOWLEDGE

Some typical questions from the Academic Externship Program exams.

David D. Claytor, Assistant Director, University of North Carolina, School of Pharmacy, AHEC Program

I. Although magnesium salts are frequently used as antacids they:
   1. Cause diarrhea
   2. Cause constipation
   3. Cannot be used in the presence of kidney disease
   4. 1 and 3 above
   5. 2 and 3 above

II. The warning label: "Do not use for more than 2 days or in the presence of high fever or in infants and children under 3 years of age unless diesidentrected by a physicia " must appear on the label of:
   1. Antacids
   2. Antitussives
   3. Antidiarrheals
   4. Antipyretics
   5. Analgesics

III. Under the N. C. Controlled Substances Act, drugs may be changed from one schedule to another by:
   1. The Attorney General of North Carolina
   2. The North Carolina Drug Commission
   3. The North Carolina Board of Pharmacy
   4. The North Carolina Division of Health Services
   5. The North Carolina Department of Agriculture

IV. Calciferol is:
   1. A synthetic Vitamin E.
   2. Vitamin D_2
   3. Vitamin A_7
   4. Vitamin K_1
   5. Vitamin B_6

V. Assuming that the average acidity of gastric juices contain 160 mEq of acid (HCl) per liter, how much gastric acid would be neutralized by a 500 mg tablet of Sod Bicarbonate ($NaHCo_3$—M.W. 84.01)?
   1. 5.95 ml
   2. 18.6 ml
   3. 37.2 ml
   4. 74.4 ml

1. (4) Goodman, A. & Gilman, A., *The Pharmacological Basis of Therapeutics,* 5th Ed., p 790

2. (3) *Handbook of Non-Prescription Drugs,* 5th Ed., p 30

3. (2) *Pharmacy Laws of North Carolina* GS 90-88 (a) p 24

4. (2) Goodman, A. & Gilman, A., *The Pharmacological Basis of Therapeutics,* 5th Ed., p 1579

5. (3) 1 Gm equivalent wt $NaHCo_3$ = 84.01 Gm

$$1 \text{ meg} = \frac{84.01 \text{ Gm}}{1000} = 84 \text{ mg}$$

$$\frac{500 \text{ mg } NaHCo_3}{84} = 6 \text{ meq } NaHCo_3$$

160 meq in each liter of acid = .16 meq/ml

$$\frac{6 \text{ meq } NaHCo_3}{.16 \text{ meq/ml acid}} = 37.2 \text{ ml of acid will be neutralized}$$

INSULIN SPRAY MAY OFFER NEEDLE-FREE LIFE FOR DIABETICS

Insulin powder sprayed into the trachea may free diabetics from dependence on daily injections. In a preliminary study using an aerosol to spray powdered insulin into the tracheas of rabbits, the spray was nearly as effective as injecting the drug directly into the bloodstream.

A study by Hisahiro Yoshida, Katsuhiko Okumura, Ryohei Hori, Toshio Anmo, and Hiroshi Yamaguchi reported in the May issue of *The Journal of Pharmaceutical Sciences,* published by the American Pharmaceutical Association, indicates that insulin sprayed into the trachea appeared in the blood nearly as rapidly as injected insulin and lowered the blood sugar level nearly as much.

Forty percent of the aerosol insulin dose was absorbed into the blood, a clear improvement over the 7-16% absorbence found with insulin sprayed only into the mouth and throat. Direct administration of insulin into the respiratory tract also precluded the rapid digestive breakdown which is the fate of insulin given as tablets or capsules.

Aerosols sprayed into the trachea may become effective vehicles for delivery of insulin and of other drugs which are easily destroyed by the stomach enzymes.

REPORT

COMMITTEE ON CONTINUING EDUCATION

THE ROYAL VILLA
RALEIGH, NORTH CAROLINA
MAY 27, 1979

MEMBERS

Chairman: Joseph A. Edwards, Jr., Raleigh
Bobbie S. Barbrey, Raleigh
Dessie E. Clark, Rocky Mount
Mike Costin, Clinton
A. C. Dollar, Winston-Salem
Loni T. Garcia, Fayetteville
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Jean F. Robinson, Charlotte
John H. Rosser, Charlotte
W. Darle Shouse, King
Carol Ann Summer, Durham
Evelyn D. Williford, Raleigh
Consultant: David D. Claytor, Chapel Hill

Meeting twice during the year, the NCPhA Committee on Continuing Education resolved in its own collective mind several points which will be presented in this report.

One of the areas which continually appeared in each discussion was that of Mandatory Continuing Education versus Continuing Competency. Because of the current survey just completed of NCPhA members, in which there was no mandate to institute Mandatory Continuing Education for relicensure at this time in North Carolina, and because of the current attitudes expressed in the literature regarding a lack of positive satisfaction with C. E. as it is presented in other states, this committee does not recommend compulsory Continuing Education.

To encourage self improvement among the pharmacists of the state, the committee urges the NCPhA to establish the following: The Academy of Family Pharmacy Practice, and the Academy of Clinical Pharmacy Practice. These two academies would be recognition for those pharmacists who had engaged in, and been tested on, their knowledge of programs of continuing education nature which had been approved by a 5 to 7 person panel. This concept needs further development, but the committee felt it could be an incentive for voluntary C. E.

With certification, and other aspects of C. E. looming in the near future, the question was raised, "Should the NCPhA attempt to become an approved provider of Continuing Education programs under the guidelines of the American Council of Pharmaceutical Education?" The Committee unanimously recommended that this not be done, with the School of Pharmacy, the Health Sciences Consortium and Burroughs Wellcome Company already approved. The Committee felt this would be an unnecessary expense and duplication of efforts.

The Committee wrestled with such topics as practice standards, self assessment programs and analysis, minimum competencies and remedial programs for those not meeting minimum standards. Chairman Edwards, a member of the APhA-AACP Committee of Practitioners, presented the group with an update on the status of the joint sponsored "National Study of the Practice of Pharmacy." This study, of which Phase I has been completed, identifies the responsibilities of pharmacists in the various practice settings. These 69 responsibilities are broken down into categories which will be applicable to any of the pharmacy settings. The study, prepared by the Center for Occupational and Professional Assessment, Educational Testing Service, Princeton, New Jersey, will now enter Phase II, in which sample areas will be designated to test the accuracy of test questions for these various responsibilities. It is hoped that North Carolina will be a test site, and the committee urges all NCPhA members to avail themselves of this confidential individual assessment, if offered. After Phase II of this study is complete, after testing methodology is refined and when standards of practice have been established and accepted, then, and only then should the NCPhA embrace mandatory Continuing Education. The Committee recognizes the need for individual assessment of pharmaceutical competency and the fact

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that continuing competency can be achieved through formal and informal continuing education.

The Committee believes the ultimate goal of Continuing Education is not C. E. for the sake of C. E. but for the sake of Continuing Competency.

The Committee urges the NCPhA to compile a listing of C. E. programs and materials now available in the state, from such sources as the AHEC program, the Health Sciences Consortium, and others. The committee also recommends that information about C. E. programs to be presented in one area of the state be made known all across the state.

As pharmacists become more aware of their deficiencies in one or more of the many competencies of the practice of pharmacy, this committee believes that professional pride and desire for excellence will force more and better programs of Continuing Education to be prepared and presented.

MEMORIAL GIFTS

Substantial contributions to the TMA Foundation in memory of Stephen T. Forrest, past president of the TMA, general manager of Justice Drug Division, Strother Drug Company, have been received from L. M. McCombs, Creedmoor, and Reuben Russell, Charlotte.

The TMA Foundation helps provide scholarship funds for needy and deserving pharmacy students, and any one wishing further information should contact W. P. Brewer, Justice Drug Company, Greensboro.

Proudly holding their just-awarded diplomas, the 1979 graduates (138) of the UNC-CH School of Pharmacy are pictured in front of Hill Hall, Chapel Hill, site of the May 13th graduation ceremony. NCPhA President-Elect (now President) was the graduation speaker. Names and addresses of the graduates appeared in the May issue of The Carolina Journal of Pharmacy, pages 46/47.

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Effective October 1, 1978, the North Carolina Medicaid Identification Card will have a new format. There will be *no labels* on the card. It will include additional information on Third Party Liability, claims processing and recipient identification. Training sessions will be held in August and September 1979. Watch for additional information in the EDS-Federal N. C. Title XIX Medicaid Bulletins.

Knowledge of the changes on the revised card and its use will be imperative for proper filing of claims.

REMEMBER . . . THIS IS EFFECTIVE OCTOBER 1, 1979

ANNIVERSARY MARKED BY STATESVILLE DRUG

In 1904, Pharmacist Louis W. McKesson founded the Statesville Drug Company in quarters formerly occupied by the Marble Hall Saloon. In 1937, the pharmacy moved to 101 South Center Street, its current location.

McKesson continued as owner/manager of the pharmacy until 1948 at which time Sam G. Hickman and D. S. Cornelius became co-owners. Later, Hickman sold part interest in the pharmacy to A. Lyle Davis and still later, Davis became sold owner of the pharmacy. In 1972, the current owners, Davis and Lynn Waugh, established a partnership.

The pharmacy is unique in that the front area of the pharmacy is leased to Scottie Stores and managed by Ruth Emerson. The prescription area still operates as Statesville Drug Company.

More than 1,500,000 prescriptions have been dispensed by the pharmacy during its 75 years of service to Statesville and Iredell County citizens. Well known throughout the area as the pharmacy under the big yellow clock.

STATESVILLE DRUG COMPANY OBSERVES 75th ANNIVERSARY—Ernest Rabil (center), an officer of the NCPhA, congratulates A. Lyle Davis (right) and Lynn Waugh, co-owners of the Statesville Drug Company on the occasion of the pharmacy's 75th anniversary.

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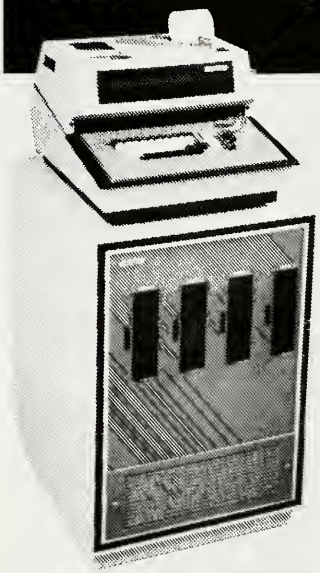

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Joe C. Miller, left, newly installed President of the North Carolina Pharmaceutical Association, is presented the National Association of Retail Druggists Leadership Award by Jesse M. Pike, member of the NARD Executive Committee, at the 1979 Convention of the NCPhA in Raleigh. Photo by Colorcraft.

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THE POST CONVENTION CRUISE

Very early on the morning of May 28th, a large group of NCPhA conventioneers descended on the lobby of the Royal Villa in Raleigh, bringing mounds of luggage and sleepy eyes. This was the start of the 1979 Post Convention Cruise for most participants.

Some of the pharmacists, TMA members, Woman's Auxiliary members and their spouses and children drove to Miami, and some flew to Miami from their home towns, but the majority flew on one of three flights from Raleigh-Durham Airport. Some flew directly to Miami, but many had to change planes in Atlanta. The last group to arrive in Miami was treated to a severe local rainstorm which caused a few uneasy moments during landing. Buses picked up the damp travelers for a quick trip to the dock and the Sunward II. Finally everyone was aboard ship, received their dining room seating, and found their stateroom. What a sumptous ship! Wandering up and down the several staircases, locating the cinema—the scene of the CE programs—discovering the pool, the casino, the disco lounge, the dining room and all the nooks and crannies one could ever hope for, the excited travelers were hardly aware that the Sunward II was quietly pulling out to sea. The four-day cruise had begun.

A life boat drill, complete with trying on the Mae West life preservers, kept the group occupied while their bags, satchels, grips and trunks were being brought to the cabins. And believe it or not, there was enough storage room for almost everyone's belongings.

Captain Gunnar Oien threw a cocktail party for all passengers, followed by the first exposure to seafaring food-dinner. After locating their respective tables, the passengers met their dining companions, waiter and bus-boy, all of whom would be with them for the entire cruise. The menus were full of tempting and delicious items, and one tragedy of the trip was that no menu was repeated, so there was no opportunity to try all the dishes. Service was superb as was the food. No one left the table hungry.

The gentle motion of the ship afforded most of the passengers a good night's sleep and soon breakfast was over. The first C. E. program featuring Charles Singler of Burroughs Wellcome began at 9:00 a.m. with a full cinema. His topic was "Motivation" and he was an excellent example of successful motivation.

Nassau had been in sight for a few hours and the ship finally docked and was cleared by Bahamian officials. Just beside the ship was one of the straw markets, with native

(Continued on Page 7)

THE POST-CONVENTION CRUISE

Enjoying the evening meal aboard the Sunward II are Mr. and Mrs. Ernest J. Rabil, Mr. and Mrs. Tom Sanders and Mr. and Mrs. Rex Paramore. Photo by Colorcraft.

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CRUISE *(Continued from Page 5)*

peddlers eager to bargain with the tourists disgorging from the gangplank. Scenic tours of the island were available and for those choosing to remain aboard ship, bridge and other card games, as well as the movie 'Same Time Next Year" were provided. Stores and shops were visited, with wives pulling often resisting husbands along, but soon they too got caught up in the spirit of shopping in the hot Carribean sun.

Tuesday night was nightclub night, and after dinner the groups departed via local taxis to the two nightclubs on the tour; first, the Banana Boat, with wild native dancers, a limbo dancer, and several characters who "entertained" the audience by pealing a coconut by mouth, and dancing, rolling and finally eating broken glass. Most were not sorry when the show was over. But the Paradise Island Casino and Night Club was another matter. A well-planned, designed and lighted floor show took weariness from the minds of the audience. The broad expanse of the stage was often filled with lithe, svelte dancers, leaping and twirling to the music. It was a welcome change from the previous show. On return to the ship, the Midnight Buffet was awaiting and so was the Crow's Nest Lounge, for those who can stay up late. The ship's newspaper requested all passengers to be aboard by 6:00 a.m. All were.

Wednesday morning the ship set out for Great Stirrup Cay, Berry Islands as breakfast was being served. Before lunch the beautiful clear waters of the cove surrounded the Sunward II as she dropped anchor. The tender pulled alongside and soon the white beach was covered with bodies seeking and finding the hot tropic sun. The more hardy passengers (of all ages) rented snorkling gear and began to float around the reef, enjoying the water and water life. The calypso band could be heard above the gentle waves, the beach umbrellas were a welcome relief from the sun and the picnic food, "a la Sunward style" was enjoyed by all. Far too soon came the last call to return to the ship, and the tender brought many pleasantly warm bodies back for showers, Solarcaine and supper.

As the ship sailed toward Freeport, the passengers were treated to an excellent floor show, featuring Tom Fletcher and Chris Weaver, who presented comedy and music. Later that night was a program of Super Jackpot Bingo, with prizes of cash for the lucky winners. The ship arrived in Freeport about 10:30 p.m.

Early Thursday morning, the gangplank was alive with passengers eager to do battle with the merchants of Freeport, or to take in the scenic Garden of the Groves tour, or to just wander around. Others stayed aboard ship, taking in the final morning CE program, resting around the pool or lounging in the deck chairs. After several days of hustle, it no longer seemed a sin to rest. The show that night was a farewell review, as the ship sailed for Miami. Comedy, songs, and a chorus line of lovely ladies made this show truly memorable. No one wished to end the voyage, so the late night life was even more active than usual. Strolls on the deck, a quiet gathering of friends in the Crow's Nest Lounge, young people dancing away the night in the Lido Disco—these scenes help hold back the morning.

Morning did arrive and so did the ship in the port of Miami. Anxious passengers wondered if their luggage got off the ship and would they be able to find each piece. Would everyone get through Customs with no hassle? Yes, to all questions. Luggage was soon found through ingenious systems of colorcoding tags, the customs inspectors recognized the passengers as honest, pillar-of-the-community citizens, and in an instant the buses were full and on the way to the Miami airport and home.

At the airport, all was relatively calm. Some would leave in an hour (or so they thought) and others had a wait of several hours. Those who were to leave first were unfortunate to board a non-functioning airplane and had an additional several hours wait, but soon all 285 North Carolina pharmacists, Auxiliary members, spouses, and friends were on their way home, with all their luggage, clothes that were beginning to be too tight, and memories to last a lifetime. When will we go again was on everyone's mind. Soon.

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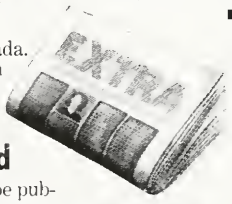

Everyone who enters will receive a pharmacy tile plaque—a gift with a 300-year history.

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PHARMACY PERMITS ISSUED JUNE 19, 1979

Mann's Drug Store of Morganton, Inc.
238 W. Fleming Drive
Morganton, NC 28655
Mr. Henry O. Beck, Jr., Ph-Mgr.

Dallas Drug Co., Inc.
136 W. Trade Street
Dallas, NC 28034
Mr. John L. Cannon, Ph-Mgr.

Don's Discount Drugs, Inc. #3 North
140 Cloverleaf Plaza Shopping Center
Concord, NC 28025
Mr. Van Kennerly, Ph-Mgr.

LICENSED BY RECIPROCITY

Collora, Nicholas Andrew—Tennessee

Garrett, John Esley—Virginia

La Course, Claude Joseph—Virginia

Rankin, Donald Floyd—West Virginia

Taylor, Sheryl Ebener—Texas

Truesdale, Richard Ainslee, Jr.—Massachusetts

Wisham, Robert Preston—Georgia

PHARMACY PERMITS ISSUED JULY 17, 1979

Medical Arts Pharmacy
207 E. 14th Street
Lumberton, NC 28358
Mr. Samuel M. Cavanaugh, Ph-Mgr.

Rite Aid Pharmacy
U. S. 17 and U. S. 70
New Bern, NC 28560
Mr. Kenneth L. Matchett, Jr., Ph-Mgr.

Rite Aid Pharmacy
U. S. Hwy. 74, Monroe Mall
Monroe, NC 28811
Ms. Gina E. Chamberlain, Ph-Mgr.

Rite Aid Pharmacy
Independence Mall, 3500 Oleander Dr.
Wilmington, NC 28403
Mr. Forerst W. Furgurson, III, Ph-Mgr.

Kerr Discount Drugs
1910 Bernard Street
Raleigh, NC 27608
Ms. Myra Phillips, Ph-Mgr.

Gates County Pharmacy, Inc.
Rt. 1, P. O. Box 406
Gatesville, NC 27938
Ms. India B. Hood, Ph-Mgr.

Bryan Drug Co., Inc.
122 W. Main Street
Aberdeen, NC 28315
Mr. Marion B. McCurdy, Ph-Mgr.

College Pharmacy
Haggard St., Boone Station Plaza
Elon College, NC 27244
Mr. Dwight M. Ayscue, Ph-Mgr.

Medical Pharmacy
1010 Kings Drive
Charlotte, NC 28207
Mr. Peter T. Milliones, Ph-Mgr.

Spring Lake Drug Co.
209 Skyland Shopping Center
Spring Lake, NC 28390
Mr. James T. Moore, Ph-Mgr.

Clark's Pharmacy #2
Highway 64 ByPass
Williamston, NC 27892
Ms. Eleyse H. Griffin, Ph-Mgr.

The Medicine Cabinette, Inc.
Main Street
Mars Hill, NC 28754
Mr. Everett B. Underwood, Ph-Mgr.

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John Wayne Bennett—Kentucky

Archie Willis Gaines, Jr.—South Carolina

Richard Terry Holder—Georgia

Cynthia Correll Leggett— Virginia

Jack Richard Lowe—Ohio

Richard Arnold Proctor—Virginia

Wilford Wayne Stargel—Tennessee

John H. Woolwine, III—Virginia

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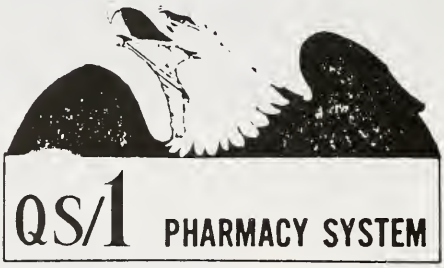

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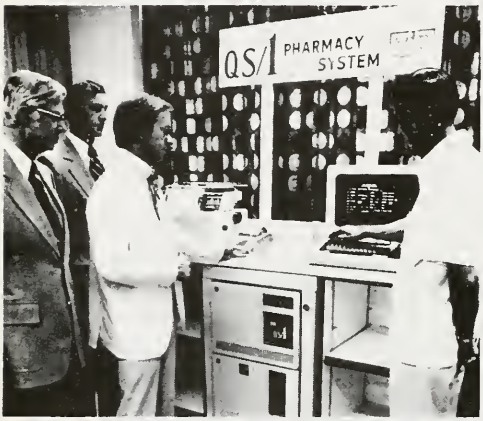

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REPORT OF THE BOARD OF PHARMACY

As Presented at the 1979 Annual Meeting, May 27, 1979

SUMMARY OF DISCIPLINARY ACTIONS OF THE BOARD

1978

May. A pharmacist appeared for a hearing to answer allegations that controlled substances were improperly transferred from one pharmacy to another and that an inventory of controlled substances at one pharmacy revealed significant shortages. The pharmacist had entered a guilty plea to a charge of failing to keep proper records under the state controlled substances act. The pharmacist explained that he had worked at two separate hospital pharmacies and sometimes the inventory at one location would be short if drugs had been transferred to another and an inventory at both would not have revealed discrepancies.

The Board dismissed the charge and admonished the pharmacist to adhere diligently to the law in the future.

A pharmacist appeared for a hearing to answer charges of allowing unlicensed personnel to dispense prescriptions without supervision and failure to keep records for controlled substances. A Board inspector testified regarding the filling of a prescription on two separate occasions for a scheduled substance by unlicensed personnel who were unsupervised at the location where the individual in charge was the pharmacist-manager. During the time between prescription fillings a physician expired due to an overdose of another controlled substance. The physician's office was in the same building as the pharmacy and he was a joint owner of the pharmacy with the pharmacist. An inventory revealed substantial shortages of the controlled substance used by the physician to terminate his life.

The Board issued an active suspension of the pharmacist's license for 30 days.

June. A pharmacist appeared to answer allegations of dispensing prescription drugs on two occasions without the prescription of a practitioner. A Board inspector testified regarding two such occasions when he presented the pharmacist with the opportunity to dispense a legend drug. The Board suspended the pharmacist's license for 90 days and issued a stay order on the suspension for two years provided all laws, rules and regulations are complied with.

A pharmacist appeared to answer charges of filling a forged prescription. During a regular inspection visit it was noted that a prescription had been altered and the name of the drug as purportedly written by the physician was "Prezudin" in obviously different handwriting. The Board admonished the pharmacist to be more diligent in the future and took no further action. (*Editors Note: Cases are considered by the Board on an individual basis and pharmacists should be cautioned to not necessarily expect a similar result on all forgery violations. This was the first hearing by the Board on a forgery in recent history.)

A pharmacist whose license was revoked effective in March of 1978, delayed due to appeals in the courts, had been given notice to appear for a hearing on the pharmacy permit. The pharmacist had been given notice on three separate occasions that a pharmacist-manager needed to be obtained for the pharmacy permit. The pharmacist did not appear at the hearing and the Board revoked the pharmacy permit for failure to obtain a pharmacist-manager.

July 1978

A pharmacist appeared before the Board as a result of a guilty plea in Federal Court to certain violations of the Controlled Substances Act. The charge was for failing to keep accurate records for the dispensing of approximately 25 ampules of Demerol injectable. The pharmacist was given a suspended sentence by the court and it was the decision of the Board that his license to practice Pharmacy be suspended for 6 months with a stay order for five years.

August 1978

A pharmacist appeared to respond to charges of violation of the state antisubstitution law arising out of the dispensing of Ilopan-Choline® pursuant to a prescription for Neocholan®. The facts were not in question, however the pharmacist stated that Neocholan® was not stocked by the pharmacy and he believed that Ilopan-Choline® was another version of the same drug. It was the decision of the Board that no action be taken since it appeared to be an error in judgment rather than a willful substitution.

A hearing was held on the suspension or

(Continued on Next Page)

BOARD OF PHARMACY

revocation of a pharmacy permit and a pharmacist's license to practice. The hearing had been scheduled for the July Meeting but was postponed at the request of counsel for the pharmacist until August. Counsel for the pharmacist requested another postponement but neither counsel or pharmacist appeared at either scheduled hearing. The hearing proceeded in their absence. Evidence was introduced of the plea of guilty by the pharmacist to the felony of failing to keep accurate records for dispensing of 47,000 dosage units of Dilaudid 4 mg. In a negotiated plea, the pharmacist pled guilty and received a five year sentence suspended on certain conditions, one of which was that the pharmacist work from 8 A.M. to 5 P.M. for the Charlotte Parks and Recreation Department at no charge for the duration of the suspension. It was the order of the Board that both the license and permit be revoked.

A pharmacist failed to appear for a hearing arising out of a plea of guilty in state court of dispensing controlled substances without a prescription. The court issued a five year probation and $1,000 fine and the pharmacist subsequently failed to renew his license for 1978. It was the decision of the Board that the pharmacist's license be revoked.

September 1978

A pharmacist appeared to respond to charges of excessive dispensing of Schedule V substances to the same individual. Evidence was introduced indicating that four ounces of Terpin Hydrate with Codeine was dispensed on 80 occasions to the same person between January and April of 1978. Also, on 126 occasions between January and July four ounces of Elixir Terpin Hydrate with Codeine was dispensed to two individuals at the same address. Numerous cases of the dispensing of more than four ounces in a 48 hour period were produced. The Board inspector stated that the pharmacist had been warned about this in December of 1977 but the pharmacist denied such a warning occurred. It was the decision of the Board to reprimand the pharmacist for this action. (The Secretary was directed to review Schedule V regulations in a *News-Bulletin*, see Item 294.)

October 1978

The pharmacist-manager of a pharmacy appeared before the Board to respond to charges that six forged prescriptions for Dilaudid were filled at a pharmacy during the month of June, two of which were filled by another pharmacist and four were filled by the pharmacist-manager. The prescriptions involved were on blanks from a hospital which contained the statement "prescription invalid unless prescriber identification provided here" with an indicator referring to a boxed area. This provision on the prescription is for compliance with the revised state Food and Drug Act which requires the printed name, address, telephone number and DEA number on all written prescriptions. (See Items 263 and 269.) In the boxed area the documents contained a handwritten DEA number but no other information. The forgeries were identified as suspicious by an inspector during a regular visit and later confirmed to be invalid. The pharmacist claimed that this was inadvertent and recalled active participation in an organized effort to prevent forgeries in the area. It was the decision of the Board to admonish the pharmacist to be more diligent in assuring that prescriptions are, in fact, legitimate.

November 1978

A pharmacist appeared to answer charges of substitution on prescriptions for Penbritin® which were filled with Amcill® on two separate occasions. The fact of substitution was not disputed, although the pharmacist presented documentation that some physicians in the area had authorized substitution of drugs at this pharmacy. Of the prescriptions on which an alleged substitution occurred, one was from a physician who had authorized substitution and one was not. It was the decision of the Board to take no action at this time.

In response to a notice of hearing on a pharmacy permit and an individual pharmacists license, based on numerous technical violations of law and regulations, an owner of the pharmacy appeared at the time scheduled for the hearing. This owner had a license to practice pharmacy revoked in November of 1976 by the Board and represented that the pharmacist-manager was too ill to appear at this meeting. Before the hearing could proceed, the owner tendered the surrender of the permit for the pharmacy and the Board took no further action.

February 1979

A pharmacist who appeared at the January meeting for a hearing returned for a continuance of the process this month. The

pharmacist entered a plea of guilty to the charge of obtaining Controlled Substances through fraud or forgery. In lengthy testimony, the pharmacist explained that she obtained the prescription drug (on a telephone order from a physician who now resides in Baltimore) for a friend who lived in a city over 300 miles away. The Board suspended the pharmacist's license with a stay order effective coinciding with the suspended sentence from the guilty plea.

April 1979

A hospital pharmacist appeared before the Board to respond to allegations of unauthorized removal of cocaine from the hospital pharmacy. The pharmacist confessed the removal and personal use of 68 cocaine solvets, to his supervisor before the loss was discovered. The Board noted this was a first offense, that none had been diverted to other individuals, that he had voluntered a confession and placed him on probation for one year.

May 1979

A non-pharmacist owner and a pharmacist appeared to respond to charges of an unlicensed individual (the owner) dispensing prescription drugs including Controlled Substances while not under supervision of a pharmacist. Both individuals testified and near the conclusion of the hearing the non-pharmacist said "I'm guilty" and the Board, in effect, closed the pharmacy for 30 days and placed the pharmacist on 2 years probation.

NATIONAL PESTICIDE TELECOMMUNICATIONS NETWORK

A toll free 24-hour medical consultation service is available for the management of pesticide poisoning episodes. This service is offered through the Medical University of South Carolina and is provided jointly by the South Carolina Pesticide Epidemiologic Studies Center and the Drug and Poison Information Center.

The Environmental Protection Agency has funded this Center to provide consultation to those physicians and other health professionals needing assistance in the treatment of pesticide poisonings. Services offered include product active ingredient identification, toxicological and symptomatic review and specific treatment recommendations.

Call toll free 1-800-845-7633; within South Carolina call toll free 1-800-922-0193.

PRELIMINARY INJUNCTION GRANTED TO ELI LILLY

The United States District Court for New Jersey has granted a motion by Eli Lilly and Company for a preliminary injunction against two companies and their principal owners for infringing a Lilly patent on the antibiotic, cephalexin. Lilly pioneered and developed the broad spectrum antibiotic, which it markets under the trademark Keflex®.

The preliminary injunction would prohibit Premo Pharmaceutical Laboratories, Inc., of South Hackensack, New Jersey, and Federal Pharmacal, Inc., of Kingshill, Virgin Islands, from making or marketing cephalexin. The court action stems from suits filed last year in which Premo attempted to have the Lilly cephalexin patents declared invalid and Lilly charged Premo and Federal with patent infringement.

In granting Lilly's motion, Judge H. Curtis Meanor said:

"The purpose of the Patent Act is to encourage exactly what Lilly has done. It has invested millions of dollars in a new drug of dramatic and beneficial properties. That new drug will one day be in the public domain. If strike suits by generic houses when a new drug achieves vast commercial success cannot be met with preliminary relief, but must be left to wend their way to final judgment on crowded dockets, then such invention will be discouraged and the purpose of the Patent Act will be frustrated."

Lilly was granted a similar motion for a preliminary injunction last year against another firm which had been manufacturing and marketing cephalexin despite the existence of Lilly patents.

Recently Lilly filed suits against seven pharmaceutical distributors in six states charging infringement of the company's cephalexin patent by sale of Premo's cephalexin.

"Patents are a necessary link in the chain of events beginning with Lilly's major investment in drug research and culminating in the marketing of a product like Keflex," said Richard D. Wood, Lilly Board Chairman. "This decision helps to reinforce the vitality of the patent system and to justify continued investment in the uncertain search for new drug products."

SMOKIES PEAK DEDICATED TO PHARMACIST

The dedication ceremony for Kelly Bennett Peak, a 4,400 foot high mountain peak in the Smokies, was held in Bryson City, Saturday June 16, honoring the late Mr. Bennett, Bryson City pharmacist.

Mr. Bennett, who died in 1974, was a strong apostle for the mountain area, extolling its beauty and crusading for the creation of the Great Smoky Mountains National Park. He served the citizens of Bryson City and the state in many ways—for 14 years as mayor of Bryson City, 20 years on the Swain County Board of Education, one of the founders of the Cherokee Historical Association, seven years on the N. C. Hospitals Board of Controls, five terms as state senator and two as state representative. He also served five years on the N. C. Board of Pharmacy, and represented Swain County on the North Carolina National Park, Parkway and Forest Development Commission from 1947 until his death.

Taking part in the dedication ceremony were Mrs. Mary Alice Bennett Greyer, daughter of Mr. Bennett, and Bryson City pharmacist; James L. Coggins, Chairman Swain County Board of Commissioners; M.D. Beal, Superintendent, Great Smoky Mountains National Park, P. R. Bennett, nephew of Mr. Bennett, and Mayor of Bryson City; and the Honorable Lamar Gudger, U. S. House of Representatives. Mrs. Ola Tela Bennett, widow of Mr. Bennett, was unable to attend because of health, but she sent a message by Mrs. Greyer to be delivered during the ceremony.

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		Rock Hill	328-5830

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A REPORT TO THE NORTH CAROLINA PHARMACEUTICAL ASSOCIATION FROM THE UNIVERSITY OF NORTH CAROLINA SCHOOL OF PHARMACY CHAPEL HILL, NORTH CAROLINA AND THE NORTH CAROLINA PHARMACEUTICAL RESEARCH FOUNDATION

by
Tom S. Miya
Dean, School of Pharmacy
and
Secretary, North Carolina Pharmaceutical Research Foundation

This is my third report to you as the Dean of the School of Pharmacy and my second as Secretary of the Foundation. Most of the problems and the challenges which existed at the time of my arrival are still extant. We have made progress on many fronts, however, and we owe a debt of gratitude to a variety of people, many who are in the audience today.

Despite this report which is critical about the School's budgetary support, we have attempted to maintain quality. You should know that one of the six Best Teacher Awards given to faculty at UNC at Chapel Hill was awarded to Dr. Ralph Raasch of our faculty. During the University Awards Program three of the thirty-nine awards made by the Chancellor went to our students. Such excellence comes by no accident and reflects the dedication of our faculty and students under sometimes trying conditions.

I. *Accreditation*

Our basic baccalaureate degree program was subjected to scrutiny by the American Council on Pharmaceutical Education. Although the School received accreditation for the full six-year cycle, it did not go unscathed. It was comforting, however, to realize that most, if not all the problems had been identified by our faculty during the arduous self-evaluation process in which the Executive Director of the North Carolina Pharmaceutical Association and the Secretary of the North Carolina Board of Pharmacy participated. Most significant among the critiques made was the School's association with the North Carolina Memorial Hospital which needs improvement. Deficiencies in curriculum, student/faculty ratio and budget were also touched upon. I can assure you that the Council's report has been scrutinized and avenues and options for correcting the deficiencies are being explored.

Our Graduate Program was evaluated by both the Consolidated University System and the Graduate School of UNC at Chapel Hill. Again, our graduate faculty had already identified the deficiencies. Notable among these were the lack of funds for sufficient non-resident tuition waivers, which now has been alleviated, and the lack of faculty to perform adequately in both teaching and research training.

II. *Faculty and Student Activities*

Our faculty continues to be involved in national as well as state and local affairs. Significant among these are the cost of prescriptions study, which will have beneficial impact on you as pharmacists, and the comprehensive report on MAC soon to appear in print. A number of our faculty are involved in national affairs as committee members and chairmen or presidents of national groups, both in and outside of pharmacy circles. One of our students was elected to represent District III in the American Association of Colleges of Pharmacy organization, and nine of our graduates were selected to serve National Pharmaceutical Council summer industrial externships—an excellent record since the national total would give schools about one each.

IV. *Curriculum*

The change from the 1-4 to the 2-3 program has not yet had an impact on the general adjustments which we anticipate having to

(Continued on Page 19)

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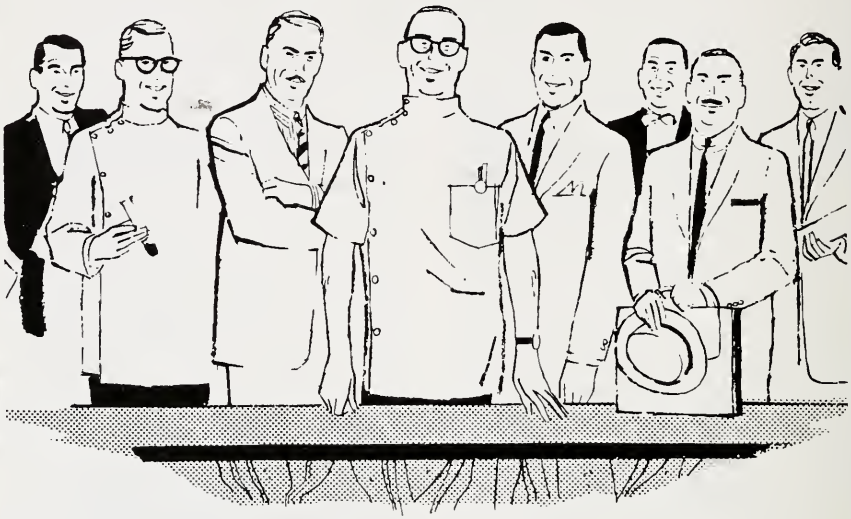

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III. *Degrees Granted*

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	M	*F*	*M*	*F*	*M*	*F*	*M*	*F*
August, 1978	13	11	1	2				
December, 1978	7	19						
May, 1979	41	40	2		1			
Totals	61	70	3	2	1	—	—	—
GRAND TOTAL—137								
Graduate Students	6	4						1
TOTAL GRADUATES IN GRADUATE PROGRAM—11								

make. Our experience to date would indicate that the selection process is of such nature that the attrition rate will decrease significantly. The quality of the students will challenge our faculty to alter didactic material for a greater depth of learning, generally. Also, the supply of pharmacists to meet the demands of North Carolina in the long term will require careful study. From our experience, the applicant pool has not diminished as has been widely reported by other states.

Our one-semester externship program during the last year of study continues to improve. The success of this program largely stems from the practitioners who have dedicated their time and talents for a better profession in the years to come. We thank you for it.

I regret to report that the Doctor of Pharmacy Program repeatedly has failed to be considered by the Board of Governors, despite the fact that the program has the full approval and support of the Administration of UNC at Chapel Hill. The myopic view of the Administration is partially due to our inability to "sell" the importance of the suggested small (15 students/class) program to the status of the School and the importance of the program to North Carolina and the profession. More than 25 of our graduates have applied and been accepted into Doctor of Pharmacy programs in other states. Many of the students are your sons and daughters for whom we cannot yet offer the opportunity.

V. *Budget*

The budget continues to be a first priority item. The already reduced (50%) capitation funds now further reduced by 20% by President Carter's budget recission, coupled with inflation, place us in very deep difficulty unless relief comes by way of additional State appropriations. Despite the fact that additional funds are available to private schools and the predominantly black schools, funds are not of high priority for an existing necessary program. Our deficiencies would compare with any school or program in the Consolidated University System.

VI. *NCPRF*

We were saddened this year with the untimely passing of Steven Forrest, one of our Directors. To his family and to his many friends the Foundation publicly wishes to acknowledge his contributions to its operation and offer deepest sympathy.

In addition to the many programs supported by the Foundation, which include support of undergraduate students, lectureships, faculty improvement, and books, the most important support was the funds made available to the North Carolina Task Force on Health Planning and Pharmacy Practice. The Task Force Report was presented to Governor Hunt on September 6. The Report and its recommendations continue to enjoy national publicity, not only because of the specific recommendations, but as a model for other states to follow. A recent issue of APhA's *American Pharmacy,* reporting on the activities of various states regarding pharmacy practice, notes, "If awards were given for pharmacists' participation in HSAs, the prize would have to go to the pharmacists of North Carolina." The article goes on to describe the Task Force effort launched by the School, the Association, and the Board, and supported by the Foundation. This Task Force is unique in that it did not disband after the Report was completed, but has met twice since the Report to discuss the progress being made with respect to the

(Continued on Page 21)

Program participants in the Lederle Symposium on Drug Interactions held in Greensboro, June 13, are, left to right: Joe Miller, President, NCPhA; James A. Visconti, Ph.D., Ohio State University College of Pharmacy; Philip D. Hansten, Pharm. D., Washington State University; Claude U. Paoloni, UNC School of Pharmacy; Edward A. Hartshorn, Ph.D., Department of Pharmacy, Medical University of South Carolina; and C. B. Tyson, District Manager, Lederle Laboratories.

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1. Volume: Apx. $145,000
   Inventory: Apx. $23,000
   Low Overhead
   Rent: $300 per month
   Bargain—Owner Wants to Sell
   Mountain Area
2. Volume: $140,000
   Rx Volume: $103,000
   Inventory: $22,000
   Accts. Rec.: $10,000
   1500 Sq. Ft.
   Research Triangle Area
3. Volume: 1979 projection
   $160,000 to $170,000
   Inventory: $18,000
   Only two years old
   No deliveries or charges
   Open 43 hours per week
   Very little competition
   Excellent growth potential
   Central N. C. City
4. Volume: $248,000
   75 Rx daily
   Small Town
   3400 Sq. Ft.
   Net Profit Excellent
   Coastal N. C. Town

SOUTH CAROLINA LISTINGS:

1. Volume: $250,000
   Inventory: $40,000
   100 prescriptions daily
   Accts. Rec.: $10,000
   70% Rx Volume
   3,000 Sq. Ft.
   Piedmont Area
2. Volume: $325,000
   Inventory: $90,000
   110 Prescriptions daily
   Accts. Rec.: $18,000
   47% Rx Volume
   5,000 Sq. Ft.
   Piedmont area

CALL OR WRITE FOR CONFIDENTIAL INFORMATION ON ANY OF THE ABOVE

recommendations.

The Foundation's drive this year was accented by a lapel or stick pin in the shape of North Carolina and in Carolina blue to be worn by donors to the Foundation. Each of you can wear such a pin with a small investment in the future of Carolina pharmacy. I am pleased to report that as of 4 May data comparisons for the comparable time frame in 1978 show that individual gifts are up by over $3,000, corporate giving up by $1,200, and the endowment investment has improved.

As the value of the dollar shrinks and with something less than preferential treatment from the State Legislature, the funds made available for the School from the Foundation loom as increasingly significant.

EPILOGUE

Your School and your Foundation, given the constraints of our times, have maintained quality and a forward look. As we look forward to the decade of the eighties, the challenges of maintaining reason and quality in higher education will be great. I ask for your support.

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Nearly one-half million dollars have been invested in scholarship loan funds for pharmacy students as the Burroughs Wellcome Pharmacy Education Program reaches its sixth year.

Seventy-one pharmacy schools in the United States, two in Canada and one in Puerto Rico have received awards totalling $325,000 since the program began in 1974. When the 156 awards are made this year, a total of $442,000 will have been donated to pharmacy education.

Awards are made in the name of each winner to the pharmacy school of his/her choice to be used as a revolving student loan fund. Three winning names from each state plus the District of Columbia and Puerto Rico will be drawn at the National Association of Retail Druggists (NARD) Convention in Las Vegas, Nevada, October 14-18, 1979.

Burroughs Wellcome will be contacting 65,000 community and hospital pharmacies in late July inviting their pharmacists to participate by returning a simple entry form. Last year, over 36,000 entered the program. Any pharmacist not receiving a form may contact their Burroughs Wellcome Representative or write: Pharmacy Education Program, Burroughs Wellcome Co., 3030 Cornwallis Road, Research Triangle Park, North Carolina 27709.

Through this program, Burroughs Wellcome continues its partnership with pharmacy by helping to assure the future of the profession through education.

CORRECT ANSWERS

I. 3. *U. S. Pharmacists* May 1979
II. 3. Goodman & Gilman, *Pharmacological Basis of Therapeutics*, 5th Ed. p. 1136.
III. 3. 120 ml ÷ 10% = 12 Gm Chloral Hydrate
240/15 = 16 doses
12/16 = 0.75 Gm at each H.S. dose
IV. 2. Goodman & Gilman, *The Pharmacological Basis of Therapeutics*, 5th Ed. p. 1190.
V. 4. Pharmacy Laws of North Carolina G.S. 90-95 (b) (1) and (2) p. 35-36.

1979-80 Wake County Pharmaceutical Association Officers: left to right: Ginger Lockamy, President; Kathy Edwards—Vice President; Elaine Watson—Immediate Past President; John Brown—President Elect; David Devine—Treasurer and Andrea Carver—Secretary. Photo by Colorcraft.

Dear Breon Customer:

We wish to advise you that effective July 1, 1979, Breon Laboratories is establishing new purchase requirements for all direct retail accounts.

The new purchase requirements provide that all direct retail accounts

- order a minimum of $200 per order
- purchase products in shelf pack quantities
- attain a yearly purchase volume of $1,500 to maintain direct account status.

These new guidelines will provide Breon the efficiency necessary to guarantee that each order you place will be rapidly processed and promptly shipped.

Sincerely yours,

Howard Mosesson
Vice President
Breon Laboratories

Breon Laboratories, Inc.
90 Park Avenue
New York, NY 10016

Gentlemen:

I received your announcement of new requirements for direct accounts with sadness. While I can appreciate your need to remain efficient, to remain competitive, you should realize that your action, and similar actions by other companies reduce the chance for the independent community pharmacy to be competitive and therefore to survive. I shall find it most difficult to promote, feature, and recommend Breon products in the future.

Sincerely,

A North Carolina Pharmacist

PHARMACISTS SHOULD BE AWARE WHETHER "ME-TOO" PRODUCTS HAVE "NEW DRUG" STATUS

What constitutes a "new drug" is a legal question of concern to pharmacists practicing drug product selection, says Richard R. Abood, Assistant Professor of Pharmacy Administration, School of Pharmacy, University of Wyoming, in the July-August issue of *Pharmacy Management*.

Abood's contribution to the "Legal Blotter" department, entitled "The 'new drug' status of generic copies: a factor in drug product selection," discusses a court decision which restricts the Food and Drug Administration's interpretation of a "new drug" and opens the way for manufacturers to market certain generic products without FDA clearance. This leads to the increased possibility that therapeutically ineffective drugs are reaching the market.

The issues are whether bioavailability and bioequivalence determination are or are not part of the FDA's definition of a "new drug" and whether a "me-too" product is or is not a "new drug" under that definition. These issues have not been resolved by the courts, and Abood warns that the pharmacist must be wary of dispensing a product lacking FDA premarketing clearance for both medical and legal reasons.

Tom Sanders, President of the TMA Foundation, presents a check in memory of Stephen T. Forrest for the Consolidated Pharmacy Loan Fund to Al Mebane, Executive Director, NCPhA.

ILLEGAL ACTS AND LOCAL NEWS

FOREST CITY

A man who attempted to rob Early's Broadway Drug Thursday afternoon, June 7 was shot and killed by a police officer who faked a gunshot wound and crawled beneath his car to get a weapon.

The would-be-robber entered the store about 3:30 p.m. and demanded drugs and money. As the pharmacist was complying with the demand, a customer called local police. When the officer arrived, he was accosted by the robber and used as a hostage.

Once outside the pharmacy, the officer scuffled with his captor and the gun discharged. The officer fell on the ground as if shot and crawled under his car to get a shotgun on the other side. As the robber tried to escape in the car of a passerby another officer shot through the windshield of the auto, forcing the man to get out. At this point he was shot in the face with the shotgun at a range of four feet. He was declared dead on the scene by the local medical examiner.

HENDERSON

Drugs valued at approximately $500 were stolen from the Vance Medical Arts Pharmacy in a robbery the weekend of June 16-17. Entry was made by smashing in a plate glass window.

FUQUAY-VARINA

Smith's Pharmacy was entered by jimmying open the front door and about $1,000 worth of drugs was taken Wednesday night, June 27.

GREENSBORO

A man wielding a small handgun robbed the Eckerd Drug Store at Carolina Circle Mall of an unannounced sum of money at 8:30 p.m. Monday, May 21. No one was injured during the robbery.

ROANOKE RAPIDS

Savage Drug Store was broken into and various drugs were taken only a few days after an arrest was made for attempting to pass a forged Dilaudid prescription.

MOCKSVILLE

An attempt to burglarize the Foster-Rauch Drug Store resulted in the arrest of a local man Saturday night, May 23.

At 11:25 the alarm went off and police found a man trying to escape through an opening in the roof. In his haste, the burglar left behind in the store his flashlight, rubber gloves and a pillowcase.

"Service in Wholesale Quantities

(Continued from Page 24)

CLINTON

Gaddy Pharmacy was broken into Thursday night, May 24, when someone knocked open a back door to the building. About $20 dollars in change was taken from the cash register. The break-in set off an alarm at the police headquarters.

WARSAW

Three men and a woman were arrested and charged with attempting to pass a forged prescription Thursday, May 17. The pharmacist alerted police after he noticed the misspelling of the physician's name and the drug form on the prescription.

HICKMONS CELEBRATE GOLDEN ANNIVERSARY

Mr. and Mrs. W. L. Hickmon of Wilmington observed their golden wedding anniversary on Saturday, July 7. They were married 50 years ago in Kinston.

Mr. Hickmon is a retired pharmacist, and present for the occasion were sons James R. Hickmon, and Edward Hickmon, also pharmacists, and their families. All three Hickmons are graduates of the UNC School of Pharmacy.

SQUIBB TO OPEN GREENSBORO OSTOMY PLANT

E. R. Squibb & Sons announced the planned opening of an ostomy manufacturing plant in Greensboro at a press conference at the Greensboro Chamber of Commerce July 11. Scheduled to begin operation in the fall, the 81,000 square foot facility will initially employ 50 persons, according to Peter D. Peiser, President, Surgical Care Division of E. R. Squibb.

The site leased by Squibb was formerly occupied by American Can Company, and is located about one mile out of the city. The project is being financed by industrial revenue bonds to be issued by the Guilford County Industrial Facilities and Pollution Control Financing Authority. This will be the third plant in North Carolina for the 121 year old company, with world headquarters in Princeton, N. J.

PHARMACIST, POLITICIAN, YACHTSPERSON

Evelyn Lloyd, Hillsborough pharmacist, has returned to work after sailing in the U. S. and British Virgin Islands, and has been reappointed to the Orange County Board of Elections (and elected secretary). She was also reelected as Vice-Chairman of the Orange County Board of Health.

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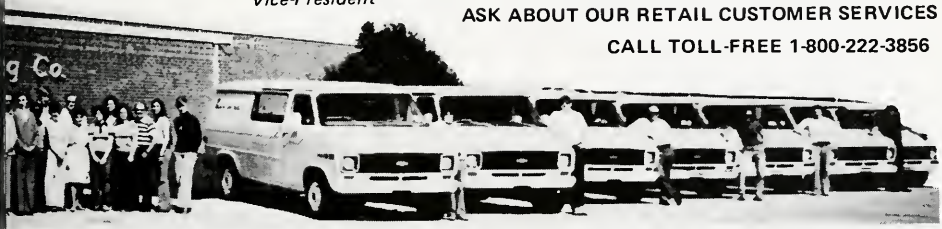

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TEST YOUR KNOWLEDGE

Some typical questions from the Academic Externship Program exams.

David D. Claytor, Assistant Director, University of North Carolina, School of Pharmacy, AHEC Program.

I. The Heimlich Maneuver is used in which of the following situations?
   1. Cardioversion to convert patient's heart rate to normal sinus rhythm.
   2. Grand mal seizures to prevent patient from biting his tongue.
   3. "Cafe coronary" to remove food or other objects inadvertently aspirated.
   4. Drowning to remove water from the lung rapidly and supply needed oxygen.
   5. None of the above.

II. Pencillin G should not be administered with a meal because:
   1. It is precipitated with minerals in a normal diet.
   2. Food would decrease the rate but not extent of absorption.
   3. Food would decrease both the rate and extent of absorption.
   4. Food would decrease the extent but not the rate of absorption.
   5. Food enhances gastric emptying.

III. Rx Mr. Robt. Jones
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Chapel Hill, NC
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Elixir Benadryl. aa qsad 240
Sig. Dr ii p.c. & Dr iii at H.S.
prn itching
AA 3187329
James Andrews
100 W. Franklin St.
Chapel Hill, NC

The amount of Chloral hydrate in each bedtime dose is:
   1. 1.5 gm
   2. 0.5 gm
   3. 0.75 gm
   4. 1.0 gm

IV. Which of the following antibiotics has been shown to have a high incidence of *toxic results* when administered some time after the expiration date?
   1. Penicillin G. Tablets
   2. Tetracycline HCl capsules
   3. Sulfisoxizole susp
   4. Keflex® capsules
   5. All of the above

V. Selling controlled substances in North Carolina in violation of the law is a felony if the sale involves:
   1. Schedule II drugs
   2. Schedule III drugs
   3. Schedule II and III
   4. Any controlled substance, Schedules II through V

(Answers on Page 21)

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A PREVIEW OF 1978 HOSPITAL PHARMACY OPERATIONS

Key operating data were tabulated in this preliminary report to reflect a composite profile of the "average" hospital pharmacy in the United States for 1978. It should be pointed out that because this hypothetical pharmacy is derived mathematically from a broad range of information, the figures may be too general to be used for direct comparison. However, the data can be analyzed for the determination of trends by comparing them with similar figures from last year's *Survey* of 1977 operations.

The data show that the average hospital had a bed capacity of 260 in 1978—down 3.7 percent from last year. Census also dropped slightly from 74 to 72 percent during 1978. Admissions likewise decreased (15.2 percent)—from 10,008 to 8489—which resulted in a longer period of patient stay—8.0 days. The average hospital classification and profile remained unchanged from the 1978 *Survey* which shows that the largest segment of reporting hospitals were again private (nonprofit), general institutions.

The number of hours worked by pharmacists as well as hours the central pharmacy was open rose, although technician hours worked decreased during the 1978 reporting period. It is interesting to note that ait a a e of a little more a 5 percent in the numee f hours pharmacies were open, pharmacist hours worked increased over 15 percent, while technicians hours decreased just over 7 percent. Overall, 2.6 hours of pharmacist time and 2.0 hours of technician time were required for each hour the central pharmacy was open during 1978. A comparison of total hours spent by the pharmacy staff in 1978 (pharmacist time at 2.6 and technician time at 2.0) with similar data for 1977 reveals that total pharmacy staff personnel requirements did not vary significantly; however, the change does suggest that job descriptions and/or professional services offered may have changed between recording periods.

As might be expected, the dollar value reported for inventory and purchases was higher during 1978 (up 11.4 percent and 16.7 percent respectively). The estimated inventory turnover rate again showed growth, from 5.1 to 5.4 times, which suggests that hospital pharmacy managers are continuing to do an improved job of controlling inventory. On a per-bed basis, inventory and purchases figures were higher than those reported in the 1978 *Survey*. However, because the data do not take inflation into account, it was not possible to determine the extent of its impact on inventory and purchases figures. Therefore, the amounts shown do not necessarily reflect expanded drug and related item usage by hospital patients.

Floor area of the central hospital decreased from 1476 square feet reported in 1978 to 1419 square feet. The 1979 *Survey* will report data on remote storage area as well as on the central pharmacy floor area, which may in part account for the reduced figure.

Services offered by over 50 percent of hospital pharmacies responding to the *Survey* remained essentially the same as last year's. It is of interest that drug therapy consultation with physicians was reported by almost 54 percent of hospital pharmacists for 1978 as compared with 39 percent for 1977, which suggests that practitioners in the hospital environment are becoming increasingly involved in providing expanded clinical services.

A comparison of selected operating statistics over the three-year period for which the *Lilly Hospital Pharmacy Survey* has been in existence shows the following trends:

— Pharmacy hours open per week have consistently increased.

— Pharmacist hours worked per week have risen during each reporting period.

— Technician hours worked per week have varied during the three-year survey period but have increased 29 percent overall from the 1975 level.

— Dollars invested in inventory have consistently been on the rise. The annual three-year growth rate for inventory is 8.1 percent, and inventory dollars per occupied bed have risen almost $100 from the 1975 figure.

— Monies spent on purchases also have increased consistently over the three-year period. Purchases show an annual growth rate of 13.6 percent, and purchases dollars per occupied bed have increased by more than $700 over the 1975 data.

The final version of the 1979 *Lilly Hospital Pharmacy Survey* will be distributed in September of this year.

PRELIMINARY DATA
1979 LILLY HOSPITAL PHARMACY SURVEY
Average Hospital Pharmacy

Category	1978 (1583 hospitals)	1977 (2120 hospitals)	% Change
Bed capacity	260	270	− 3.7%
Class	Private (nonprofit)	Private (nonprofit)	
Profile	General	General	
Census (beds occupied)	72%	74%	
Admissions	8489	10,008	−15.2%
Length of patient stay	8.0 days	7.3 days	
Hours central pharmacy open/week	83	79	+ 5.1%
Days central pharmacy open/week	6	6	
Pharmacist hours/week	216	187	+15.5%
Technician hours/week	167	180	− 7.2%
Inventory	$ 85,417	$ 76,681	+11.4%
$ 1.25/Patient Day $ 328/Bed $ 456/Occupied bed $10.96/Admission		$1.05/Patient day $ 284/Bed $ 384/Occupied bed $7.66/Admission	
Purchases	$458,058	$392,470	+16.7%
$ 6.70/Patient day $1,762/Bed $2,447/Occupied bed $53.96/Admission		$ 5.37/Patient day $1,453/Bed $1,964/Occupied bed $39.21/Admission	
Formulary	Yes	Yes	
Estimated inventory turnover rate	5.4 times	5.1 times	
Floor area (central pharmacy)	1419 sq. ft.	1476 sq. ft.	

Services offered by over 50% of pharmacies

Monitoring patient profiles	Monitoring patient profiles
Monitoring drug interactions	Monitoring drug interactions
Providing drug information services	Preparing I.V. fluids
Drug therapy consultation	Providing drug information services

SKOLAUT TOURS POLISH HOSPITAL

The Director of the Pharmacy and Sterile Processing Department of Duke University, Milton W. Skolaut, recently returned from a visit to the Institute of Pediatrics at the Medical Academy in Krakow, Poland. Mr. Skolaut reviewed the pharmaceutical and intravenous facilities of the Institute under the sponsorship of Project Hope. While there he met and discussed pharmaceuticals service with the medical staff and the nursing staff. He also reviewed the facilities and capabilities of the pharmacy service and the intravenous solution manufacturing division.

This is a 312 bed pediatric hospital which is adding a new wing which will bring it to 550 beds. After spending from May 5 through May 14, Mr. Skolaut will be preparing a report which will go to Project Hope and to the Institute of Pediatrics to recommend future improvements in equipment, in renovations or a completely new building for the pharmacy. In addition, he will recommend equipment and supplies to provide I.V. additives, hyperalimentation, I.V. manufacturing, improved drug delivery services and drug information services and the usual drug related services. Unit dose services will be recommended in a long term plan but facilities and manpower are not available at the present time. Recommendations for the staff required to provide new innovative services and exchange programs for their staff for training in the United States will be included.

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WEDDINGS

Miss Cathy Louise Allen of Bladenboro and Michael Eugene Gunter of Hickory were married in a double-ring ceremony on Saturday, May 26th at the Bladenboro First Baptist Church with Dr. Roger Gilbert officiating.

The bride is a graduate of the University of North Carolina School of Pharmacy where she was a member of Rho Chi. Presently she is a pharmacist with Eckerd Drugs in Hickory at Catawba Mall. The groom is a graduate of the University of North Carolina School of Business and is employed as manager of Harvey's Warehouse, Valley Hills Mall, Hickory. The couple will make their home in Hickory.

Peggy Gebhardt and Frank Yarborough were married on Saturday, June 2nd in Chapel Hill at the home of Peggy's sister Patty Giddings, who is also a pharmacist. Peggy and Frank are both graduates of the University of North Carolina School of Pharmacy at Chapel Hill.

Peggy most recently was AHEC Coordinator for the Greensboro area; formerly was a Clinical Instructor for the School of Pharmacy and Clinician at N. C. Memorial Hospital. In 1976 she received the N. C. Hospital Pharmacist of the Year Award and also won the 1976 N. C. Society of Hospital Pharmacists Achievement Award.

Frank owns the Medicine Shoppe in Raleigh, which also services several nursing homes in the Raleigh area. Frank formerly was Pharmacist Consultant with the N. C. Department of Social Services; Project Director of Paid Prescriptions in Raleigh; served on the Board of Directors of the N. C. Pharmaceutical Research Foundation, is a member of the N. C. Academy of Pharmacy; was named Wake County Pharmacist of the Year in 1969; and won the Don Blanton Award in 1972.

The couple will reside in Cary.

BIRTHS

Keith and Vicki Elmore announce the birth of a daughter, Lauren Kendall, June 17, 1979, in Burgaw, N. C. Keith is a 1972 graduate of the UNC School of Pharmacy and is employed by Bellamy Drug Co. in Wilmington, N. C. The Elmores also have another daughter, Ashley, age 15 months.

Mr. and Mrs. C. Rush Hamrick, III of Shelby, N. C. announce the birth of a son, GEORGE BLANTON HAMRICK, on June 5, 1979. Rush (Rusty) is Director of Customer Services with Kendall Wholesale Drug Company. He and wife, Lydia, also have a two year old son, Charlie.

Mr. and Mrs. Terry D. Bynum of Hickory announce the birth of a son, Justin Dixon Bynum on July 19. Mr. Bynum graduated from the UNC Board of Pharmacy in 1974.

In Memoriam

JOSEPH W. PIKE, JR.

Joseph W. Pike, Jr., Concord, died June 13, 1979. Mr. Pike, member of a long line of Concord pharmacists, was born August 19, 1911. He was registered as a Pharmacist in 1939 and was associated with Pearl Drug Company, Cabarrus County Hospital, Charlotte Memorial Hospital Pharmacy, and Medical Center Pharmacy of Charlotte. A graduate of the United States Naval Academy, Mr. Pike was retired with the rank of Lieutenant-Commander.

MRS. CATALINA C. ELLISON

Mrs. Catalina C. Ellison, Winston-Salem pharmacist, died July 7. Mrs. Ellison, a graduate of the University of Havana, was licensed in North Carolina in 1970. She is survived by her mother, husband Jerry M. Ellison, also a twin city pharmacist, and son Robert.

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Donna Soyars 919/275-2859

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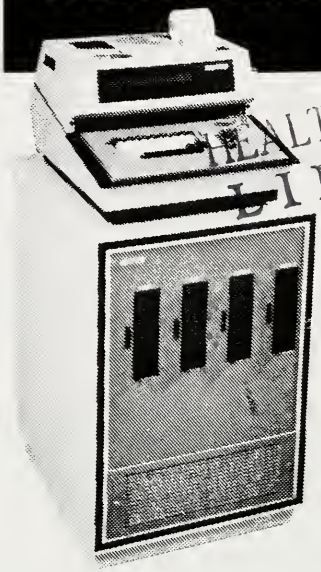

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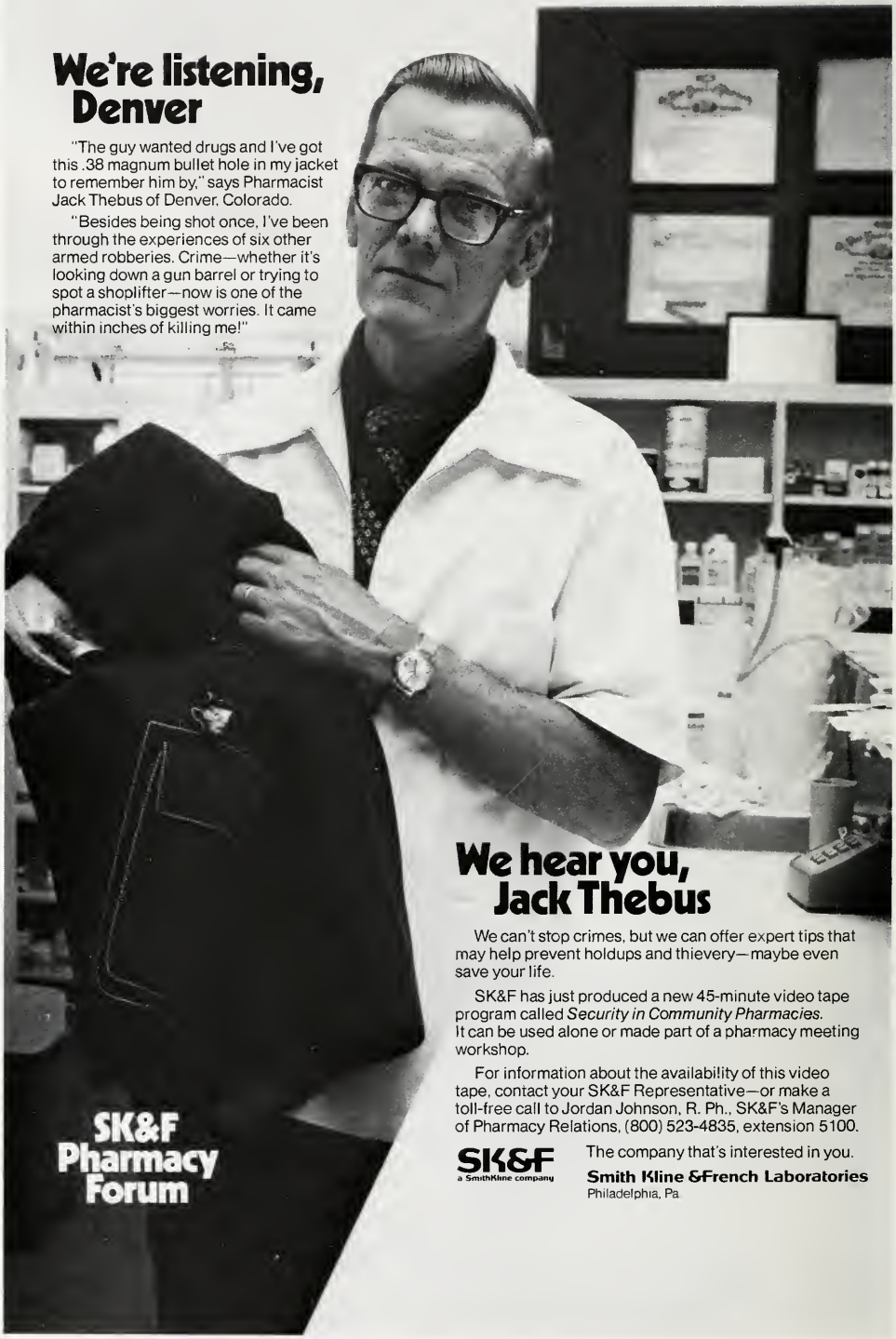
SEPTEMBER 1979 VOLUME 59 NUMBER 9

HEALTH SCIENCES LIBRARY
OCT 9 1979

Gilbert C. Hartis, Sr., left is presented the coveted Mortar-and-Pestle Award as Pharmacist of the Year, by NCPhA President Joe Miller. (see story on page 7) photo by Colorcraft.


We're listening, Denver
"The guy wanted drugs and I've got this .38 magnum bullet hole in my jacket to remember him by," says Pharmacist Jack Thebus of Denver, Colorado.
"Besides being shot once, I've been through the experiences of six other armed robberies. Crime—whether it's looking down a gun barrel or trying to spot a shoplifter—now is one of the pharmacist's biggest worries. It came within inches of killing me!"
We hear you, Jack Thebus
We can't stop crimes, but we can offer expert tips that may help prevent holdups and thievery—maybe even save your life.
SK&F has just produced a new 45-minute video tape program called Security in Community Pharmacies. It can be used alone or made part of a pharmacy meeting workshop.
For information about the availability of this video tape, contact your SK&F Representative—or make a toll-free call to Jordan Johnson, R. Ph., SK&F's Manager of Pharmacy Relations, (800) 523-4835, extension 5100.
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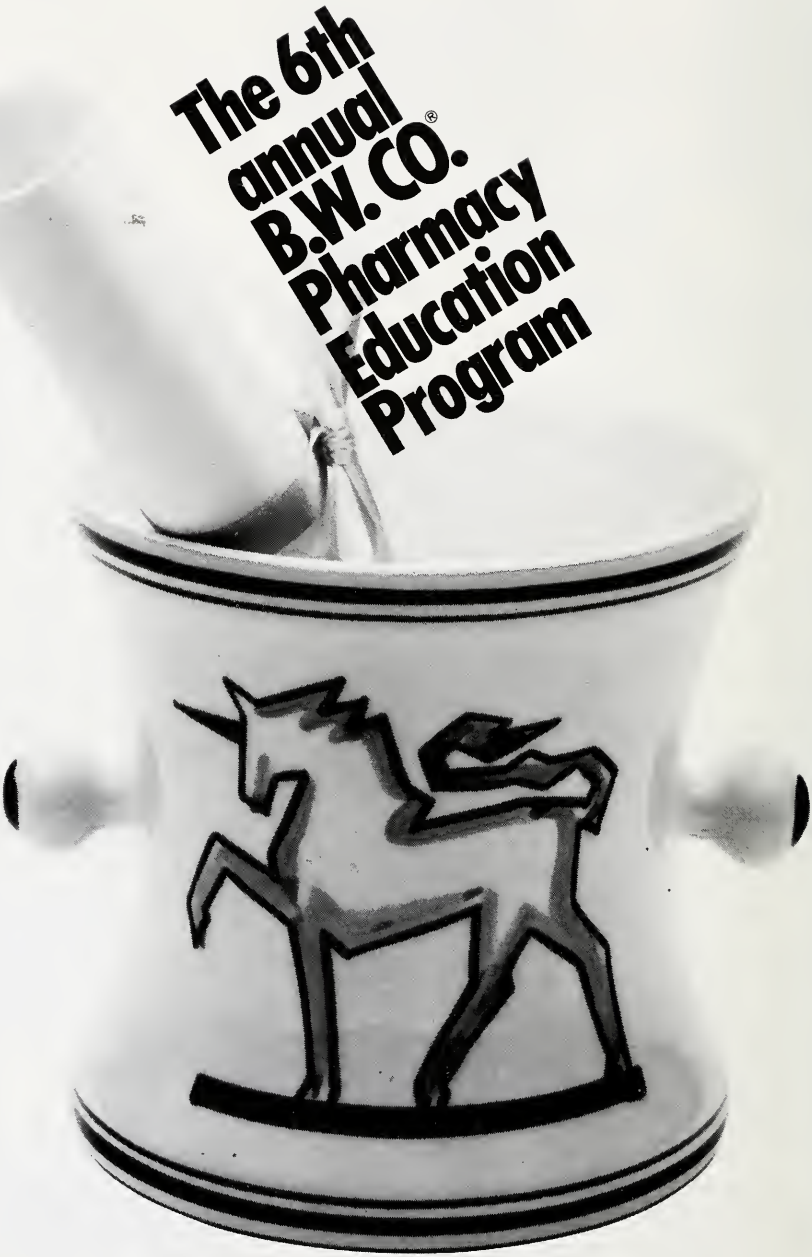
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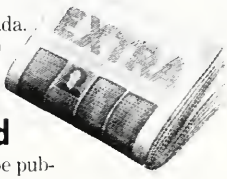

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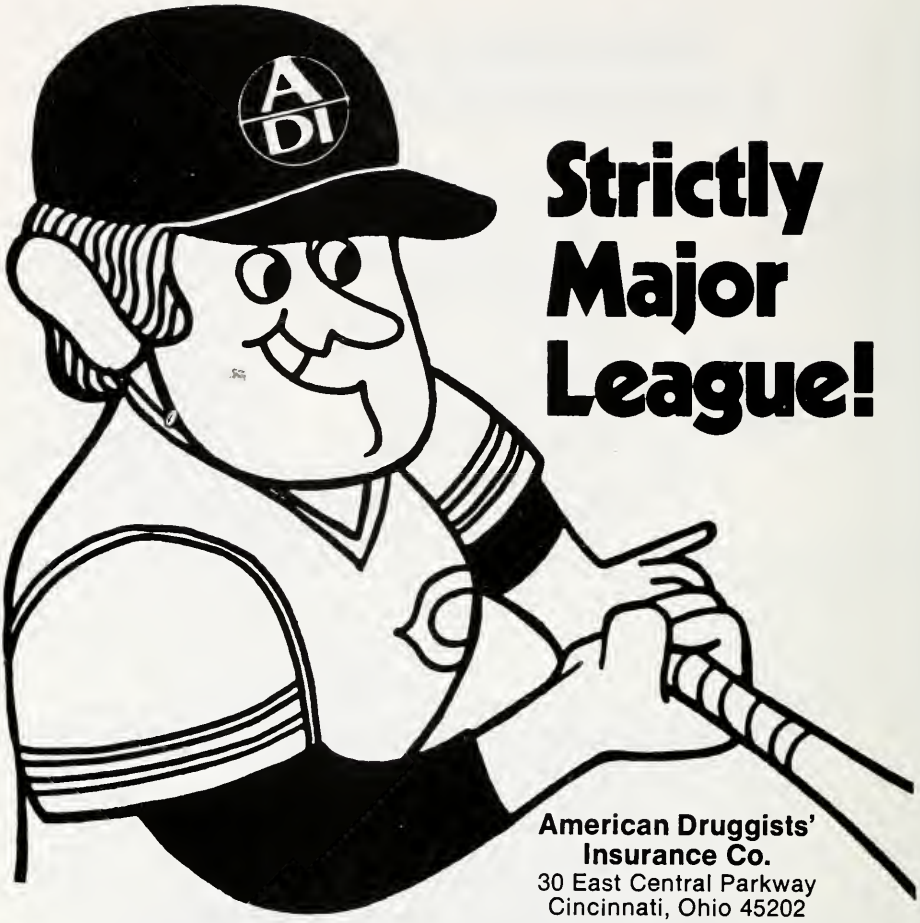

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THE CAROLINA JOURNAL of PHARMACY

(USPS 091-280)

September 1979 Volume 59 Number 9

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HARTIS HONORED AS PHARMACIST-OF-THE-YEAR

GILBERT CLYDE HARTIS, SR., Winston-Salem pharmacist and retired Parke-Davis representative was recognized by the North Carolina Pharmaceutical Association as Pharmacist-of-the-Year at the Mortar and Pestle Dinner held at Bermuda Run Golf and Country Club July 28th.

Prior to the dinner, the Forsyth Pharmaceutical Society was host for a social hour at the Club. Joe C. Miller, President of the North Carolina Pharmaceutical Association, presided at the dinner and presented the Mortar-and-Pestle Award to Mr. Hartis. The invocation was delivered by the Reverend Stimpson Hawkins, Associate Minister of the First Presbyterian Church, Winston-Salem, a former football coach and pharmaceutical company representative.

After the meal, President Miller commented on the award to be presented to Mr. Hartis. "The Mortar and Pestle Award is the highest honor the North Carolina Pharmaceutical Association bestows on a member," said Mr. Miller. "It is awarded annually to that person selected by the Executive Commitee of the Association as Pharmacist of the Year because of outstanding service to Pharmacy, his community and his church." Three friends, associates and business colleagues of Mr. Hartis then spoke about his contributions to these areas.

Ernest Rabil, owner of Bobbitt's Pharmacy where Mr. Hartis works part-time referred to Mr. Hartis as the Dean of medical service representatives, the best of his profession, who favorably influenced many young pharmacists. W. J. Smith, consultant to the North Carolina Pharmaceutical Association and former Executive Director, spoke of Mr. Hartis's second career as a master clockbuilder. One of his clocks is in the Institute of Pharmacy in Chapel Hill, donated by the builder. Mr. Smith also read from a 1942 article in which the Dean of the School of Pharmacy said "His quiz and examination papers were almost boring to grade—there was so little except the perfect in them."

Joe E. Gillespie, district manager for Parke-Davis, and former boss of Mr. Hartis when he was with the company, spoke about the honoree as a business associate. According to Mr. Gillespie, G. C. Hartis was as exact and precise as any of his clocks. He was always punctual in his appointments and was considered by many to be the best salesman Parke-Davis had. At least half of the Atlanta sales force of the company was trained by Mr. Hartis. When Mr. Hartis first went with P-D, he had a rather extensive territory and since he has retired, this area is covered by six salesmen.

The Mortar and Pestle Award was presented to Mr. Hartis by President Miller, who read the inscription, "Presented to Gilbert Clyde Hartis, 1979 Pharmacist of the Year, in recognition of his outstanding service to pharmacy." The recipient thanked the NCPhA for his award which he said would not have been possible without the help and support of his wife and family.

Mr. Hartis was graduated from the University of North Carolina School of Pharmacy in 1932 after an outstanding undergraduate career. During his college days he was president of Rho Chi, president of his class in 1930-31 and was awarded the Lehn and Fink gold medal for scholarship upon graduation.

(Continued on Page 9)

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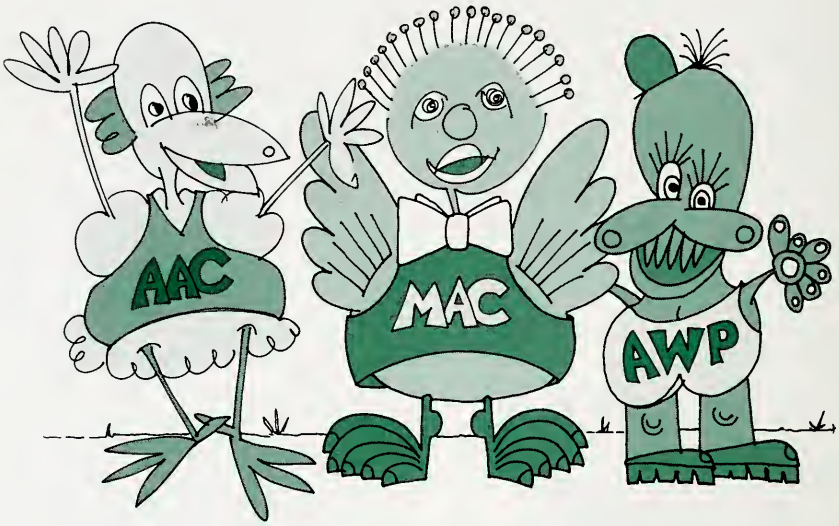

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Pharmacist of the Year, cont.

He worked in Matthews and Albemarle before taking the N. C. Board of Pharmacy examination in 1934, at which time he received the Beal prize for making the highest grade (94). About January 1, 1935 he joined the staff of Eckerd's drug store in Charlotte where he remained for six months. In April, Mr. Hartis married Miss Lillian Campbell, a student nurse at St. Peters Hospital in Charlotte and in July accepted the position of assistant inspector of the N. C. Board of Pharmacy, with headquarters in Charlotte. About two years later, Mr. Hartis joined Parke-Davis & Company and on October 1, 1937 moved to Winston-Salem. He retired from company in 1972 and is actively pursuing his clock-making hobby. The Hartis' have two children, Sandra Hartis Dwyer of Raleigh and Gilbert Hartis, Jr., of Winston-Salem, also a pharmacist. In addition, they are very proud also of their two grandchildren.

Gilbert Hartis has been an active member of the North Carolina Pharmaceutical Association since 1932. He has served as President of the Traveling Members Auxiliary in 1950-51 and is a past president of the Forsyth County Pharmaceutical Society. He was recognized as Forsyth County Pharmacist of the Year in 1977. Mr. Hartis is active in many community affairs and is a member of the First Presbyterian Church of Winston-Salem where he has held every office in the Sunday School.

Previous recipients of the Mortar-and-Pestle Award with the current recipient. Left to right; Wade Gilliam, Robert Hall, B. W. Ward, Hoy A. Moose, Gilbert Hartis, Jean Provo, James Creech, June West and B. Cade Brooks. Photo by Colorcraft.

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SASSER NAMED TO STATE BOARD

J. Marshall Sasser, Smithfield pharmacist, has been named to the State Commission for Health Services by Governor Jim Hunt.

The Commission is composed of 12 members—eight appointed by the Governor and four appointed by the N. C. Medical Society. Members serve for a term of four years. The Governor's appointees must include a pharmacist, one person experienced in dairy work, one veterinarian, one optometrist, one registered nurse and two members-at-large.

Mr. Sasser is associated with Medical Center Pharmacy in Smithfield and is President of the Smithfield Lions Club. He is second vice president of the North Carolina Pharmaceutical Association and serves on the executive board of the N. C. Association of Professions.

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NORTH CAROLINA LISTINGS:

1. Volume: Apx. $145,000
   Inventory: Apx. $23,000
   Low Overhead
   Rent: $300 per month
   Bargain—Owner Wants to Sell
   Mountain Area

2. Volume: $140,000
   Rx Volume: $103,000
   Inventory: $22,000
   Accts. Rec.: $10,000
   1500 Sq. Ft.
   Research Triangle Area

3. Volume: 1979 projection
   $160,000 to $170,000
   Inventory: $18,000
   Only two years old
   No deliveries or charges
   Open 43 hours per week
   Very little competition
   Excellent growth potential
   Central N. C. City

4. Volume: $248,000
   75 Rx daily
   Small Town
   3400 Sq. Ft.
   Net Profit Excellent
   Coastal N. C. Town

SOUTH CAROLINA LISTINGS:

1. Volume: $250,000
   Inventory: $40,000
   100 prescriptions daily
   Accts. Rec.: $10,000
   70% Rx Volume
   3,000 Sq. Ft.
   Piedmont Area

2. Volume: $325,000
   Inventory: $90,000
   110 Prescriptions daily
   Accts. Rec.: $18,000
   47% Rx Volume
   5,000 Sq. Ft.
   Piedmont area

3. Volume 144,000
   Good hours
   Inventory 52,000
   Accounts Receivable 2,000
   5,000 square feet
   Rent $300 per month
   Sale Price: $45,000
   Small eastern S. C. town

4. Volume apx. 250,000
   Excellent growth potential
   Rent $250 per month
   Excellent gross profit
   3500 square feet
   Low overhead
   Sales Price: $110,000
   Small central S. C. town

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COMMITTEE ON SOCIAL AND ECONOMIC RELATIONS
THE ROYAL VILLA, RALEIGH, NORTH CAROLINA, MAY 27, 1979

MEMBERS

Chairman: W. Keith Elmore, Burgaw; Elizabeth L. Ayers, Winston-Salem; J. Frank Burton, Greensboro; J. Howard Garrett, Elizabeth City; Leon I. Graham, Wallace; R. Ragan Harper, Jr., Kings Mountain; Jim Matthews, Clinton; Herbert R. Peedin, Selma; Kermit F. Wells, Canton; Consultant: L. Milton Whaley, Durham

NCPhA COMMITTEE ON SOCIAL AND ECONOMIC RELATIONS

The NCPhA Committee on Social and Economic Relations, in meeting February 28, 1979 discussed the following items, with recommendations to the N. C. Pharmaceutical Association.

Drug Product Selection—The Committee discussed the NCPhA sponsored Drug Product Selection bill and how it would affect the retail pharmacy. The Committee felt that through proper purchasing and stock control, DPS would be of benefit to the retail pharmacist, allowing him to purchase certain drugs in quantities not now practical because of the multiplicity of brands. By buying wisely, the pharmacist can reduce the cost of medication to the patient, and at the same time, increase his income. The question of whether or not inventory would increase or decrease under DPS was raised, but not resolved. Most felt that inventory would initially increase, but would eventually decrease.

Medicaid and Other Third Party Programs—The Committee urges the NCPhA to continue to secure an equitable fee increase for the Medicaid program. An increase in Medicaid dispensing fee usually results in other third party programs increasing their fees, since many are tied to the Medicaid fee in the respective states. In addition, the committee strongly felt that patient profiles should be accepted for Medicaid validation. Not allowing patient profiles to be used for Medicaid prescriptions deprives the Medicaid patient of one of the services of pharmacy, for not many pharmacists will go to the trouble to keep two sets of information about a patient, as is necessary under the current regulations. The committee recommends that efforts continue to establish minimum guidelines for acceptable patient profiles which will satisfy Medicaid regulations.

The Committee discussed the role of women in pharmacy. The question was brought up, "Will the number of women now being graduated eventually cause a shortage in pharmacy manpower?" According to the latest studies, women are working at least as many hours as their male counterparts in pharmacy. There continues to be a feeling that the women pharmacists will get married and have a family and reduce their working schedule, but this has not happened.

There appears to be a shortage of pharmacists in North Carolina at this time, according to the committee. The NCPhA has job openings for approximately twenty-five pharmacists at all times, and there are some locations that are in serious need. No recommendation was made by the committee.

The Committee was very interested in the proposal to reimburse pharmacists for non-dispensing functions. Both the Report of the Task Force on Health Planning and Pharmacy Practice, and a paper by Judy Zallman proposing to allow pharmacists to prescribe a "Third Class" of drugs, and certain other pilot programs in the country which may reimburse pharmacists for such non-dispensing functions as delivery of medications, maintenance of patient profiles, patient counselling and drug therapy monitoring, were deemed worthy of continued investigation. The Committee suggests the NCPhA pursue the proposal that pharmacists be granted the privilege of dispensing (or prescribing) a third class of drugs not available for over-the-counter sale.

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MINUTES EXECUTIVE COMMITTEE WOMAN'S AUXILIARY

The executive committee of the Woman's Auxiliary, NCPhA, held its first meeting of the 1979-80 year on July 16 at the Institute of Pharmacy in Chapel Hill.

Mrs. J. Marshall Sasser, president, presided for the afternoon business meeting. Business items approved were:

1. to proclaim 1979-80 as A Year of Celebration as we join NCPhA in celebrating its Centennial Anniversary.
   (a) to adopt projects in 1979-80 to enhance the historical significance of NCPhA's 100th Birthday.
   (b) to work to increase membership in the Woman's Auxiliary to promote greater involvement and fellowship in this historic year.
2. to resume the Fall Convocation, a one-day meeting of the Woman's Auxiliary to be held Tuesday, October 9 at the Institute of Pharmacy. Dr. Albert G. Edwards, pastor, First Presbyterian Church, Raleigh will be the inspirational speaker. (More details to be included in September Newsletter)
3. to increase scholarships awarded by the Woman's Auxiliary from $250.00 to $300.00 per semester to cover tuition increase for 1979-80. Four students have been recipients of scholarships this year.
4. to continue selling *The Apothecary Kitchen* as a major fund raising project this year. An additional 1000 cookbooks have been printed and are ready for distribution. Mrs. B. Cade Brooks of Fayetteville will continue to serve as chairman. Copies may be secured from the Institute of Pharmacy.
5. to initiate a Cancer Education Program for women and young girls as a community service project.
6. to continue membership in the North Carolina Council of Women's Organizations
7. Mrs. Don Chapman of Laurinburg was appointed chairman of Committee on Nominations. Serving with her will be Mrs. W. P. Wells of Durham and Mrs. Ralph Ashworth of Cary.
8. Mrs. George H. Cocolas of Chapel Hill was named chairman of the Publications Committe. Mrs. Lee Werley of Chapel Hill and Mrs. Don Peterson of Durham will serve on the committee.
9. Meeting dates for the executive committee of the Woman's Auxiliary were set for Monday, September 17, 1979 and Monday, January 21, 1980.

The Executive Board meeting followed a luncheon prepared at the Institute of Pharmacy. Board members in attendance were: Mrs. Marshall Sasser, Mrs. Henry H. Shigley, Mrs. Jack Watts, Mrs. B. P. Woodard, Mrs. David Work, Mrs. Jerome Johnson, Mrs. B. Cade Brooks, Mrs. Milton Skolaut and Mrs. A. H. Mebane, III. Absent were: Mrs. Shelton Boyd and Mrs. G. Hayward Jones.

The Minutes and Auditing Committees met on the morning of July 16 to review records of the 1978-79 activities. Serving on these committees were Mrs. Cade Brooks, Mrs. H. P. Underwood, Mrs. B. P. Woodard (Minutes) and Mrs. Ralph Ashworth, Mrs. Claude Paoloni and Mrs. Romas White. (Auditing) Also meeting with the committees were Mrs. Henry Shigley, former recording secretary and Mrs. A. H. Mebane, III, 1978-79 treasurer.

The members of the committees were invited to attend the luncheon and business session. Also joining the group for lunch were Mr. and Mrs. W. J. Smith, Henry H. Shigley and members of the staff.

BOYD HONORED BY CHURCH

Mrs. Shelton Boyd of Mt. Olive was honored June 5 as the "Layperson of the Year" for the North Carolina United Methodist Conference at their meeting in Fayetteville at Methodist College. She was the first president of the United Methodist Women for the Goldsboro District when it was organized in 1955. She is currently the Goldsboro District Coordinator of Youth Ministries, a position she has held since 1960. She has been recognized in "World's Who's Who Women," 1978 and in "Who's Who in Religion," 1975 and 1976.

Margaret is first vice president of the Woman's Auxiliary of the North Carolina Pharmaceutical Association.

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For more information write to PMA, attention: Dr. John S. Ruggiero.

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INVITATION TO FALL CONVOCATION

A SPECIAL invitation is extended to *all* Pharmacy wives to attend a one-day Fall Convocation on *Tuesday, October 9,* beginning with morning coffee 'n' "goodies" at 10 o'clock at the Institute of Pharmacy in Chapel Hill.

Dr. Albert G. Edwards, pastor, First Presbyterian Church in Raleigh will be the inspirational speaker. He has served Raleigh's Presbyterian Church since January 1958. Scottish-born, he spent the first 19 years of his life in Scotland and has captivated his audience through the years with his delightful "Scottish brogue." His "roots" bring him to Raleigh from Scotland via Georgia Tech in Atlanta, Presbyterian College in South Carolina, and the Seminary in Virginia and West Virginia.

He serves as Chaplain in the North Carolina House of Representatives, and is in great demand as guest speaker at state and national conventions of professional, agricultural and industrial organizations.

The Woman's Auxiliary will be proclaiming 1979-80 as "A Year of Celebration" as we join NCPhA in celebrating its Centennial Anniversary. Interesting and exciting suggestions and ideas have been "brainstormed." These ideas and MORE will be shared through discussion at the Fall Convocation.

The morning program will include project suggestions of historical significance, a health education feature, a suggested service project and an introduction to the members of your 1979-80 committee.

The Convocation will conclude with lunch. Watch for details in the September Woman's Auxiliary Newsletter. Mark your Calendar and plan to join me in Chapel Hill on October 9—not only for an informational and inspirational day, but also a day of "fun and fellowship." It will be good to visit with each other. Don't miss it!!!

Mrs. Marshall Sasser

TEST YOUR KNOWLEDGE

Some typical questions from the Academic Externship Program exams.

David D. Claytor, Assistant Director, University of North Carolina, School of Pharmacy, AHEC Program.

I. The registration of North Carolina pharmacy permits and licenses expires:
   1. 1 year from date of issuance
   2. 2 years from date of issuance
   3. June 30
   4. December 31
   5. Varies with different permits and licenses

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   1. Reserpine
   2. Methyldopa
   3. Furosemide
   4. Guanethidine
   5. Hydralazine

IV. Which of the following drugs is the most common cause of false negative glucose oxidase tests:
   1. Skelaxin®
   2. Aldomet®
   3. Nalidixic acid
   4. Ascorbic acid
   5. Chloral hydrate

V. How much phosphoric acid N.F. (86.5% w/w sp. gr. 1.71) would you use to prepare 240 ml of phosphoric acid sol. 10% w/v?
   1. 24.0 ml
   2. 14.03 ml
   3. 28.0 ml
   4. 16.23 ml
   5. 47.44 ml

(Answers on Page 33)

LOCAL NEWS AND ILLEGAL ACTS

HENDERSON

William H. Mast has filed to run for a seat on the local city council. Mast, the owner of Henderson Discount HBA Drug Co., is currently serving his first term on the city council.

GATESVILLE

Gates County Pharmacy, Inc., the first pharmacy to locate in the county in recent years, began operation Monday, August 27. India Hood is pharmacist-manager, and the owner is Joe Minton of Murfreesboro. The store is operating from a mobile unit located on leased property, but Minton expects to have a permanent facility in a few years.

LINCOLNTON

Thieves shot out a window glass and stole a bottle of Percodan valued at $92, July 9, from the Sentry Drug Store. The Percodan was the only item reported missing from the store. The burglary took place at 12:35 a.m.

SILER CITY

Chatham Rexall Drug was the scene of a break-in early Friday morning, July 6. Police captured two men on the roof and pharmacist Henry Dunlap reported drugs, two cameras, and other merchandise missing. At least one other suspect was sought.

ELKIN

Gil Ripley, formerly with Royall Drug Co. is the pharmacist manager of Bridge Street Pharmacy. Mr. Ripley graduated in 1971 from UNC at Chapel Hill and is a native of Alton, Illinois.

ASHEBORO

A total of $1,605 in cash was reported stolen from the safe at Kearns Service Drugs August 3. Owner Ben Mobley told police the money apparently was taken between 12 noon and 1 pm, when he was the only employee in the store.

DUNN

A would-be armed robber was shot to death by Byron Johnson, pharmacist, during a holdup attempt at Community Drugs, Wednesday, August 1. Two men entered the pharmacy and while one stayed in the front of the store, the other walked to the back, putting on a stocking mask. He waved a gun and declared, "Man, this is a holdup." Johnson reached under the counter for a .347-caliber Magnum revolver and fired through a wall at the robber, killing him. The pharmacist also fired at the man in the front of the store, who was running out the door. Apparently only the front glass was hit by the five bullets.

GASTONIA

A local man was arrested Sunday, August 13, and charged with three counts of breaking, entering and larceny. He was charged with the breakins at Eckerd's Drug in Shelby, January 6, and June 28, and the Revco Store, Kings Mountain.

NASHVILLE

Ward Drug Store was broken into early Monday, August 20 and a quantity of drugs, needles and syringes and other merchandise was taken. Pharmacist Rex Paramore, Nashville Mayor, said a cement block was used to knock out a portion of the left front door.

EARL

A lone gunman entered Medi-Fare Discount Drug about 4:30 pm Thursday, July 9 and escaped with a large bag of controlled substances and over $300 in cash from the register. A suspect was arrested near Rock Hill, S. C. on Saturday and charged with the crime.

"Service in Wholesale Quantities

CANTON

A registered letter containing checks for nine employees was stolen from under the front door of the Revco Drug Store in Canton. The postman slid the letter under the door before the store was opened and when the manager opened the store for business, the envelope was missing. The checks totalled several thousand dollars.

FUQUAY SPRINGS

Elliott's Pharmacy was hit by thieves in July, who broke open the new front door and stole drugs valued at less than one hundred dollars. The door, which was part of a remodeling project in progress, was worth more than the drugs taken.

SHELBY

Drugs valued at $175 were taken from Eckerd Drug June 27.

WILSON

A quantity of drugs was taken from Bissette's Drug Store July 2. Glass was broken from the front door to gain entrance.

LENOIR

Police are searching for a man who took a bottle of Valium valued at $75 from Foothills Pharmacy. The suspect was allowed to used a telephone in the prescription department, and when he left the pharmacy, the bottle was missing.

KINSTON

Lenoir Community College's nine-month pharmacy technician program began September 5. This is one of three such programs offered in North Carolina.

DENTON

Roger Efird, owner of Denton Drug Store, has purchased the inventory and fixtures of Davidson Drug Store, and the two stores will be combined at the Davidson Drug Location. Efird has operated Denton Drug since 1975.

MECKLENBURG COUNTY

"Ostomy Appliances and Care of the Ostomy Patient" was the program presented at the July meeting of the Mecklenburg Pharmaceutical Society by Audrey Gottshall of Hollister. Kyle Lewis won the attendance gift, "Merck Manual of Diagnosis and Therapy."

LIBERTY

A Thomasville area man and woman were arrested and charged with prescription forgery to obtain drugs the week of August 18. Pharmacist Jim Owen at Liberty Drug called police when he received a prescription which appeared to be forged, and the woman was arrested in the store. Her male companion was found outside awaiting her exit.

SHELBY

A Charlotte man and woman were charged with possession of drugs, shoplifting and possession of a stolen credit card as a result of an incident in Suttle's Drug Store. The two were arrested for shoplifting and a stock bottle of Tussionex and Valium were found in their car.

BROADWAY

Garland (Woody) Beal, Broadway pharmacist and former town board member, was surprised this spring when a new street was named for him. A resolution prepared by the town attorney praised Beal as "a booster of Broadway as a place to live, work, and play, who upheld the highest standards of town government in his 18 years service as town commissioner." Beal Drive runs from First to McLeod Streets, and is paved.

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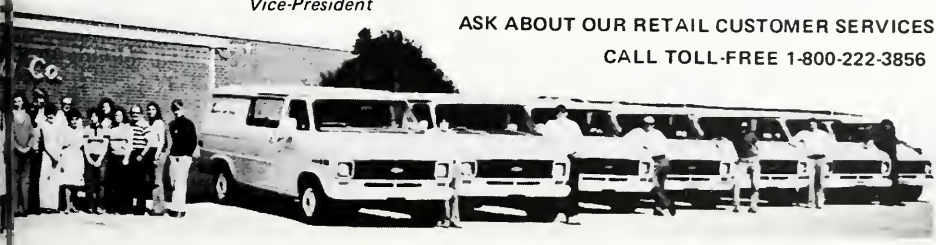

Monte Cohon and Ray Townsend, Pharm. D.'s, operate our Drug Information and Clinical Pharmacy Section of the Medical Bioavailability Unit.

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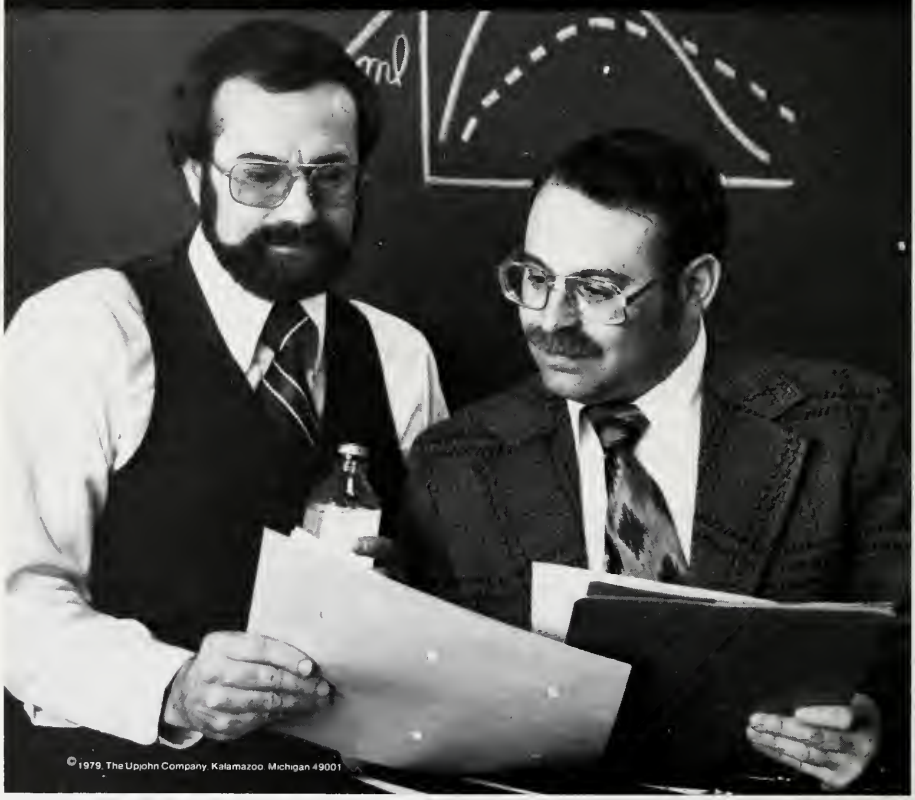

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SKOLAUT TO RECEIVE 1979 HARVEY A. K. WHITNEY LECTURE AWARD

WASHINGTON—Milton W. Skolaut, a past president of the American Society of Hospital Pharmacists (ASHP) and its treasurer since 1968, will receive the 1979 Harvey A. K. Whitney Lecture Award, hospital pharmacy's highest honor.

Allen J. Brands, chairman of the Award Selection Committee and last year's award recipient, made the announcement of Skolaut's selection. The award will be presented December 4 during the 14th Annual ASHP Midyear Clinical Meeting in Las Vegas.

Skolaut has had a distinguished career in institutional pharmacy, and has become widely known in pharmacy both in the United States and abroad. He has been Director of the Department of Pharmacy at the Duke Hospital in Durham, NC, since 1970.

From 1952-69, Skolaut served as Chief of the Pharmacy Department and Central Supply at the Clinical Center of the National Institutes of Health in Bethesda, MD. While there, he established a program of a pharmacy-operated central supply which set the pattern for many additional service combinations. Skolaut also began a radiopharmacy service at the Clinical Center and instituted one of the first centralized I.V. additive services within a pharmacy department.

Skolaut worked as Director of Pharmacy Service at the USPHS Hospital in Staten Island, NY, from 1949-53 and as Director of Pharmacy Service at University Hospital in Baltimore, MD, from 1942-46.

Within ASHP, Skolaut served as president of the organization from 1963-64. He has served as chairman to numerous ASHP committees and as a faculty member of several ASHP-sponsored continuing education programs. Currently, Skolaut serves as Treasurer of the ASHP Research and Education Foundation.

A past president of the Maryland Society of Hospital Pharmacists, Skolaut for the last several years has been an active member of the North Carolina Society of Hospital Pharmacists. Among the honors he has received are the Literary Award (1967) of the American Pharmaceutical Association's Military Section, the Andrew Craigie Award (1967) of the Association of Military Surgeons, the Hospital Pharmacist of the Year Award (1974) of the North Carolina Society of Hospital Pharmacists and the Don Blanton Award (1978) of the North Carolina Pharmaceutical Association.

MILTON W. SKOLAUT

Skolaut received a B.S. degree in pharmacy from the University of Texas College of Pharmacy in 1941.

The Harvey A. K. Whitney Lecture Award, named in honor of the first Chairman of ASHP, is presented annually to an individual who has made an outstanding contribution to hospital pharmacy. First established in 1950 by the Michigan Society of Hospital Pharmacists (now the Southeastern Society of Hospital Pharmacists), the award has been presented by ASHP since 1963.

The recipient of the Harvey A. K. Whitney Lecture Award is selected by past winners of the award. The recipient of the award traditionally delivers a speech as a highlight of the award presentation.

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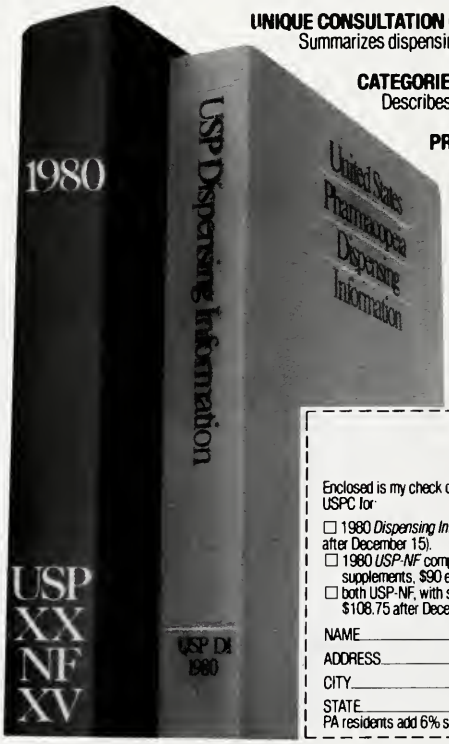

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Tom Brown, *Rocky Mount*
Elizabeth S. Burgess, *Morehead City*
Stephen A. Burrus, *Canton*
R. Dewayne Caldwell, *Park Ridge, Ill.*
Bruce Canaday, *Wilmington*
Thomas C. Cox, *Charlotte*
James L. Currence, *Belmont*
Arthur Andrew Dahl, *Rocky Mount*
Garry C. Dark, *Winston-Salem*
Alison G. Davenport, *Rocky Mount*
Harold Vann Day, Jr., *Carrboro*
Fletcher S. Deans, *Lumberton*
David Disher, *Winston-Salem*
Denny H. Eargle, *Mount Airy*
Mark J. Ellison, *Raleigh*
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Jeff C. Fitzgerald, *Durham*
David B. Flashover, *Spartanburg, SC*
Susan Norwood Fowler, *Salisbury*
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Joseph Claxton Harris, Jr., *Durham*
David L. Helton, *Greensboro*
Sidney L. Higbee, *Wilkesboro*
Johnny Lee Hogg, *Pinetops*
Thomas P. Howell, *Raeford*
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Cindy Jayroe, *Royal Oaks, Mich.*
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Shelby M. Johnson, *Wilkesboro*
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Martha Walker Lyon, *Lexington*
Rebecca McCallum Taylor, *Greenville*
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Max E. Mahlke, *Clinton*
Arthur Harrell Minton, *Ahoskie*
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Janice M. Moon, *Raleigh*
Lamar D. Morse, Jr., *Raleigh*
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John M. Newman, *Hallsboro*
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PHARMACY PRACTICE RESIDENCY GRADUATES

The first graduates of the Pharmacy Practice Residency Program, UNC School of Pharmacy, received their Certificates of Residency at the meeting of the N. C. Society of Hospital Pharmacists on June 22, 1979, held at the Burroughs Wellcome Company. The two graduates were Mrs. JONI I. BERRY and Mr. ROBERT W. RITTER. Mrs. Berry has accepted a position as Clinical Pharmacist at the Wake Area Health Education Center in Raleigh, N. C. Mr. Ritter has accepted a position as Chief of Pharmacy Services, USAF Hospital, Chanute Air Force Base, Illinois. Mr. Stephen M. Caiola, Associate Professor, UNC School of Pharmacy, presented the certificates.

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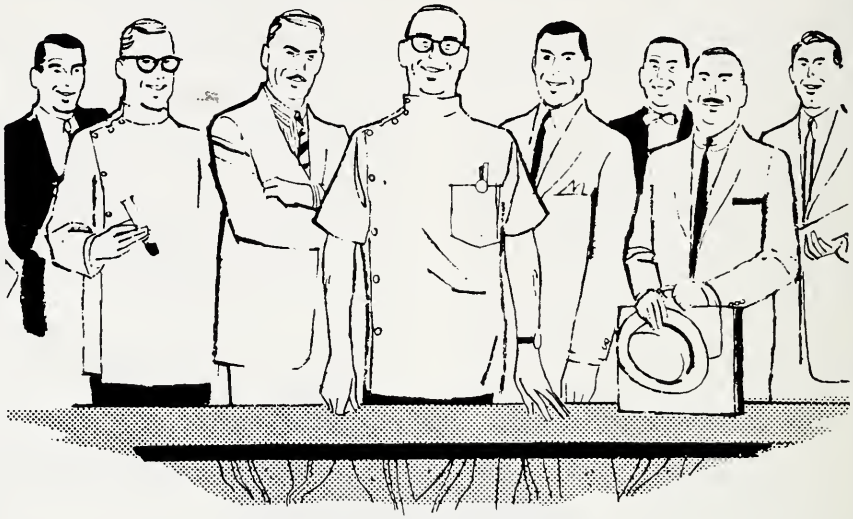

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HANDBOOK OF NONPRESCRIPTION DRUGS NEW SIXTH EDITION NOW AVAILABLE

The American Pharmaceutical Association announces publication of the Sixth Edition of the *Handbook of Nonprescription Drugs*, prepared with the assistance of more than 130 contributors from pharmacy, medicine, and dentistry.

The 512-page Handbook consists of 31 chapters from the Fifth Edition which have been revised and updated and an all new chapter on Diabetes Care Products. Each chapter is individually authored and has undergone a comprehensive review by a multidisciplinary panel of experts.

The Handbook features an improved, two-color format designed to facilitate easier use. Running heads and side heads have been included to help locate information quickly.

The Sixth Edition contains 54 product tables that summarize important ingredient information on nearly 2,000 nonprescription products. Accompanying text reviews and evaluates the components of these products, as well as pertinent disease conditions, indications for use, and necessary precautions.

The Handbook ends with an expanded and improved index.

Many of the well received features from previous editions have been retained: . . . Questions to Ask the Patient . . . anatomical drawings . . . and text tables providing summaries of essential information.

This Sixth Edition is part of a series of publications begun in 1966 and continues the Association's commitment to provide authoritative drug information to all health care practitioners. Rising medical costs and the availability of nonprescription drugs have combined to increase patient interest in self-medication. For this reason, health care personnel must be equipped to serve their patients' self-diagnosing and self-medicating needs.

The new Handbook is available for $20 from the Order Desk, American Pharmaceutical Association, 2215 Constitution Avenue, N.W., Washington, D.C. 20037. Orders under $50 must be prepaid.

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FIRESTONE REPORT "PHARMACEUTICAL PRICES, 1978"

All producer prices rose by 104 percent during the ten years ending in 1978. Comparatively, how much was the rise in manufacturers' selling prices of ethical pharmaceutical preparations? According to the Bureau of Labor Statistics (BLS), it was less than 33 percent. According to Professor John M. Firestone, who compiles a much more comprehensive index, it was 40.1 percent (Exhibit 1).

How do changes in retail pharmacy prescription prices during the past decade compare with those of overall medical care? They have risen only 29 percent as much, according to Firestone's comprehensive retail price index.

In 1978, Firestone's analyses show that for prescription drug products, manufacturers prices rose 5.4 percent, and retail prices by 5.6 percent. As a separate relevant measure, the size of the average prescription increased by 0.2 percent; prescription size has been increasing by about 3 percent annually, and by over 66 percent since 1960, but the trend started to taper off in 1977 and almost came to a halt last year.

These and other answers emerge from index reports of Dr. John M. Firestone, now retired from a professorship in economics and statistics at the City University of New York.

BLS and Firestone Indexes Compared

Between 1975 and 1978, BLS reports that prescription prices at retail rose by 20.9 percent, while Firestone finds a rise of only 14.7 percent. But his figures are much closer to those of BLS at the level of the manufacturer. He reports a rise of 27 percent between 1974 (when controls were removed) and 1978, surprisingly close to the 26.6 percent figure of BLS. The Firestone Indexes, based on a very large sample of products that comprises over three quarters of the ethical pharmaceutical market, thus confirm the accuracy of the BLS indexes which often have been criticized on the grounds that they are based on an unrepresentative sample.

(Continued on Page 29)

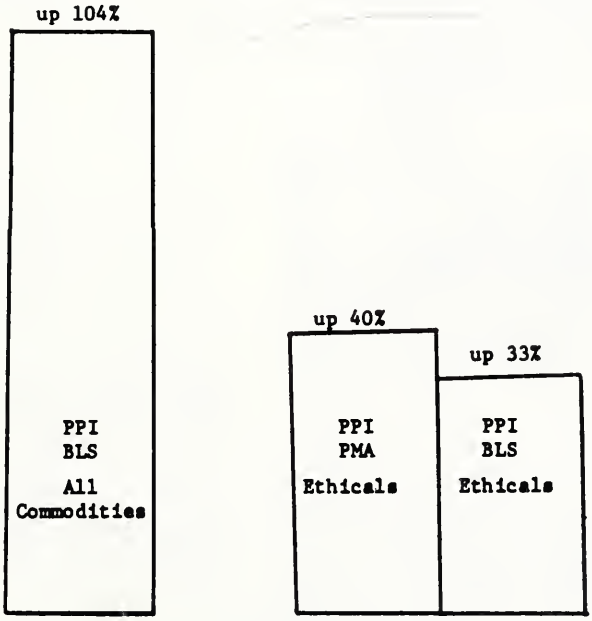

Exhibit 1

Changes in Producer Price Indexes
1968-1978
Comparison of BLS with Firestone (PMA)

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Limitations of the Average Prescription Charge

Some critics have argued that the treatment of new products in the BLS indexes has created a chronic bias toward underestimation of price changes. When, for instance, patients with infections came increasingly to be treated with broad-spectrum ampicillin in place of penicillin during the 1960s, their actual pharmacy outlay rose, but this was not reflected in the retail price index. Instead, because ampicillin started from a price higher than the less broadly applicable penicillin, and then moved downward, the effect of the inclusion of this important new drug in the sample was to exert a downward influence. For this reason, some critics argued that in place of a price index which measures price change alone, the average prescription charge—what the patient actually paid—should be used instead. The significance of this proposal can be seen from the fact that between 1960 and 1970 the average prescription charge rose 25 percent while the Consumer's Price Index for prescriptions declined, by 12.3 percent according to BLS and 9.3 percent according to the Firestone comprehensive index. This is not the whole story, however.

A unit of purchase, whether a prescription or a bag of groceries, can serve as a measure of price changes only if the unit remains of uniform content and size. And Dr. Firestone has shown that there has been an average increase of about 3 percent in the size (number of tablets, capsules, etc.) of the average prescription each year during the past two decades, although that trend appears to have been dampened in 1978, when the increase was only 0.2 percent. The dispensed package size of the average prescription in 1978 was 66.3 percent larger than that of 1960, so that the unit price (the price per tablet or capsule, or the price of a prescription of the same size as in 1960) was only 20.2 percent greater in 1978 than in 1960. Simply put, comparison of prescription charges without comparing like sizes—1960 versus 1978—would be like comparing the price of a quart of milk in the base year with that of three pints later.

But can we correct the average prescription charge—can we convert it into a proper price index—by adjusting it for size changes? The answer is "no," as one can see from Dr. Firestone's chapter on the prescription size index. He shows that even after adjusting the average prescription charge for size, the level in 1978 was 20.2 percent higher than that of 1960, whereas his comprehensive retail price index was only 15.1 percent higher.

The difference, a matter of 5.1 percentage points for the 1960-1978 period, is attributable to the second non-price factor (size being the first) which affects the average prescription charge, namely, the new product or "trading up" factor. The impact of this factor was illustrated in the case of ampicillin, mentioned above, which tended to raise the average prescription charge for anti-infectives (as it grew as a replacement for penicillin) even though it tended to lower the price index. In the same way, the unit expenditure price for television sets was increasing during the 1960s, though the price index declined, as consumers "traded up" to color receivers.

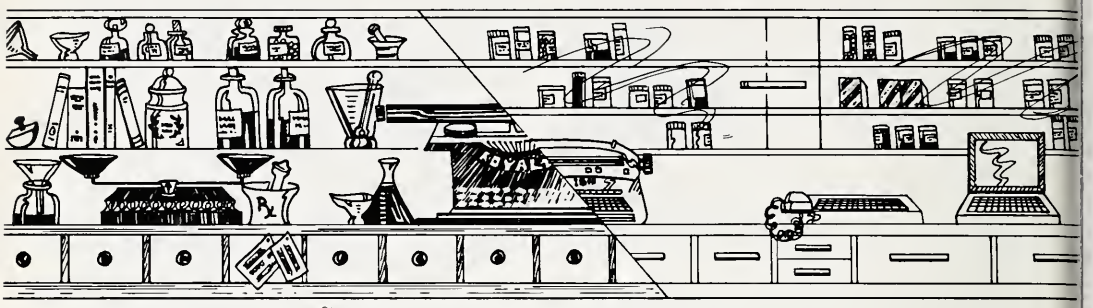
Because this "trading up" effect has been largely offset by actual price declines on existing products, the difference between the price index and the size-adjusted average prescription charge has been relatively minor. When we recall that the "All Items Consumer Price Index" rose 20.2 percent between 1960 and 1978, the difference between 20.2 percent and 15.1 percent is inconsequential.

Quality Change; A Factor Which Must Not Be Overlooked

In the second page of his chapter on the size index, Firestone points out that even the average prescription charges fail to show the effect of quality changes. New drugs are being introduced over time which may shorten hospitalization and thus substitute for more expensive components of health care. But despite this substitution effect, the share of prescription drugs in health care expenditures has regularly declined. The explanation lies in the continued decline in the relative prices of drugs (in comparison with disposable incomes and other prices).

We believe that it is a record which both manufacturers and pharmacists can view with pride.

TIME TO MODERNIZE?



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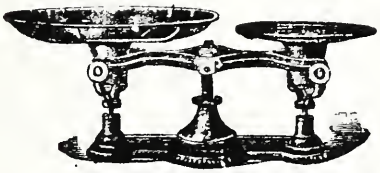
BIRTHS AND MARRIAGES

BIRTHS

David Michael Mitcham was born to Mr. and Mrs. Michael S. Mitcham, Lexington, on February 22, 1979. Mother, *Ruth Mitcham,* is a 1970 graduate of the University of Georgia School of Pharmacy and is employed at Revco Pharmacy in Lexington.

MOOSES CELEBRATE 50TH WEDDING ANNIVERSARY

Mr. and Mrs. Hoy A. Moose of Mount Pleasant celebrated their Golden Anniversary August 20. Married in the Elkin Methodist Church in 1929, the Mooses have two sons, Hoy Jr. and W. Whitaker, also a pharmacist and member of the N. C. Board of Pharmacy. Both Hoy Sr. and Whit are past-presidents of the North Carolina Pharmaceutical Association.



MARRIAGES

Ms. Anna Wood Harris of Nags Head and *Steven Craig Evans* of Kill Devil Hills were married July 22nd in St. Andrew's By-the-Sea Episcopal Church in Nags Head. The Rev. Stan Easty officiated.

The bride is a graduate of Peace College, Campbell College and East Carolina University and is a guidance counselor with the Currituck County School System. The bridegroom is a 1975 graduate of the University of North Carolina School of Pharmacy at Chapel Hill. He is a pharmacist at Miller's Pharmacy in Nags Head. The couple will reside in Kill Devil Hills.

Amelia Jean Harman and *Thomas Henry Bess* were married Sunday, July 1 at Titman Chapel in Gastonia with the Rev. Charles McManus and the Rev. Jerry Mobley officiating.

The bride earned her B.A. and M.Ed. degrees from the University of North Carolina at Greensboro and is employed at the Robinson Elementary School. The groom received his B.S. in pharmacy from the School of Pharmacy, University of North Carolina at Chapel Hill where he was a member of Phi Delta Chi and Rho Chi and is currently the staff pharmacist at Gaston Memorial Hospital. The couple will live in Gastonia.

PARENTERAL NAMES *Connie and Sprite Barbee*

ADDRESS *703 McQueen Road, Forest Hills* DATE *7-7-79*

Aberdeen, North Carolina 28315 *(11:24 AM)*

℞ CRAGAN FLOWERS BARBEE *3.3 Kg. (7 lbs. 5½ oz.)*
53.3 cm. (1 ft. 9 in.)

Quantity ♀ ♱ *(One girl)*

Sig: Inject into your lives to bring much happiness q.d. p.r.n. ad inf. (every day as needed forever). Store at room temp. & shake well when misbehaves. May cause drowsiness or excitability; large quant. of food or milk required & 'PAMPER' as nec. This product does not contain aspirin (but probably soon will). This exact Rx may never be refilled nor copy given.

LABEL *as above* *M. T. PISHKO, M.D.*

DEA No. *AA9447356* ADDRESS *Moore Mem. Hosp.*

REP. *zero* *Pinehurst, N.C.*

NO PHONE NO ADDRESS

E. B. CLAPP
RETIRED

NO BUSINESS NO MONEY

Note the card reproduced above. There is no question that Ernest B. Clapp of Newton is 100% retired, not 10%, 50%, but 100%.

Pharmacist Clapp attended the Gilbert Hartis "Pharmacist of the Year" dinner at Bermuda Run; it was here Ernie was letting his friends know about his complete retirement.

Pharmacist Hartis and Clapp were classmates at Chapel Hill and later roommates at Albemarle while employed at local pharmacies. Mr. Hartis went on to a career with Parke-Davis and Mr. Clapp to Newton where he established a successful pharmacy and served as mayor of Newton.

GASOLINE SIPHONING HAZARD

The gasoline shortage has brought on an increase in ingestions/aspirations of gasoline caused by the inexperienced siphoning from automobiles. Whether the motive is clandestine or Sunday afternoon necessity, many poison control centers have reported its occurrence and hospital emergency room visits related to gasoline are up 500% over this same period a year ago according to the Consumer Product Safety Commission. The majority of cases will probably result in no more than local oral irritation, and gastrointestinal irritation if swallowed. Inhalation of the vapors is not expected to cause more than mild, transient symptoms of depression. Aspiration of gasoline is the most feared complication and could lead to acute, fulminating, hemorrhagic bronchopneumonia and death.

It is unlikely that amounts large enough to cause serious systemic effects would be ingested in a siphoning incident. Thus, induction of emesis or lavage would not be warranted in most cases. Rather, patients should be given activated charcoal, and a saline cathartic.

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DIVISION OF SMITH DRUG COMPANY

BICKET ELECTED TO APhA EXECUTIVE COMMITTEE

W. James Bicket, Chapel Hill, has been elected to the American Pharmaceutical Association Board of Trustees' Executive Committee. Mr. Bicket is chief pharmacist at N. C. Memorial Hospital.

PCS ANNOUNCES FEE INCREASES

Pharmaceutical Card System, Inc., Phoenix, Arizona, announces professional dispensing fee increases in the following prescription plans administered in North Carolina: Lincoln National Life Insurance Company (plan #100) from $2.50 to $2.70; Pacific Mutual Life Insurance Company (plans #134 and 165) from $2.50 to $2.75; Equitable Life Assurance Society of the U. S. (plans #035, 300, 310) from $2.50 to $2.70; Bankers Life Company (plan #240) from $2.50 to $2.68. Any claims which may be in transit at the time the new fee is effective will be adjusted to the new fee as of the proper date.

SITTING TOO LONG

Beware of the vascular problems caused by sitting too long in a confined position. The slower flow of blood in the legs and pressure on the calves from a seat edge or from crossed legs can bring on dangerous pulmonary embolism, sometimes within hours of a three-to 24-hour trip or work session.

Just walk up and down occasionally, change your sitting posture frequently, don't keep your legs crossed for long and drink lots of liquids to prevent your blood from becoming too concentrated.

—Family Health

A limited number of the Carolina Blue lapel and stick pins are still available through the North Carolina Pharmaceutical Research Foundation.

CORRECT ANSWERS

I. 4. Pharmacy Laws of North Carolina, G.S. 90-66, p. 12

II. 2. P.D.R. Under Merrell National

III. 4. Phillip D. Hansten, *Drug Interactions,* 3rd Edition, p. 73

IV. 4. Phillip D. Hansten, *Drug Interactions,* 3rd Edition, p. 337

V. 4. 24 Gm of 100% phosphoric acid needed

$$\frac{24}{86.5\%} = 27.75 \text{ Gms of } 86.5\% \text{ needed}$$

$$\frac{27.5}{1.71} = 16.23 \text{ ml of acid needed}$$

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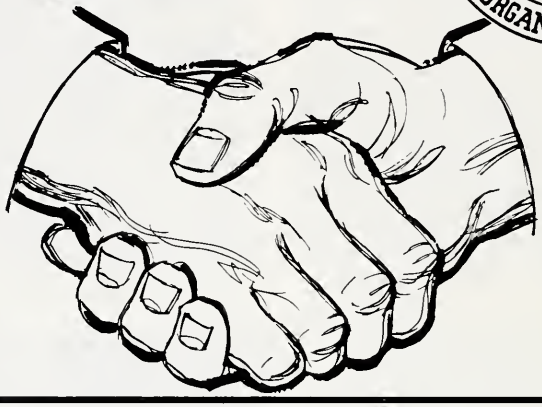

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Carolyn Clayton, Editor

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DEAN'S MESSAGE

WELCOME!

To all veteran students and especially to our first full class under the 3/5 system, the traditional hearty welcome! By the time this is printed the 3/5 class will know more about what pharmacy is about than any other entering class. The diligent work of our faculty enabled us to have an orientation period which, I hope, proved helpful to all of you.

You, the students, are our greatest resource, and your concerns are ours. Our greatest objective is to guide you properly as you prepare for a great profession.

At the end of this academic year I would like to say there was not a single problem, real or apparent, that was not brought to the attention of my office. In order to facilitate linkages in communications, there are at least two new projects being initiated this year. Carolyn Clayton will be starting pHarm-pHacs, an internal newsletter. I plan to have open agenda *Issues Sessions* in the student lounge during the noon hour at least once a month. Bring your brown bag (lunch) and participate. We'll provide the soft drinks.

I wish you all an enjoyable but a significant year of learning experience.

CONVENTIONEER'S REPORT

Charles Everett
5/5 Student

August 4-8, I was privileged to attend the annual conventions of the National Pharmaceutical Association and the Student National Pharmaceutical Association (SNPhA). One thing that really impressed me in the meeting was that students were all very candid and cooperative with each other. Their serious attitudes and determination showed that their interest in pharmacy involved more than just attending classes regularly. Student delegates came from as far away as Houston and Florida.

A highlight of the Convention was the talk by Kenneth Wells, Vice President of SAPhA entitled, "Towards Leadership Skills," followed by a leadership workshop by Guadalupe Anaya of Purdue University. The Sunday conference included elections, a discussion of the new constitution, and lectures on minority related diseases.

Unfortunately, our keynote speaker, Rep. Mickey Leland, R.Ph. (D-Texas) was delayed in Washington and did not arrive until late that night. We conferred with him Monday in an informal session. As a student at Texas Southern, he was very actively involved in school politics.

Two of the most interesting ideas I brought back from the student meetings were the provision of students who tutor in pharmacy, and the provision of transcripts of lectures made available by the University.

The meetings of the National Pharmaceutical Association also proved enlightening. Many pharmacy leaders conducted seminars on industry, pharmacy education, and professionalism. I spoke with several of these leaders during the three days of the convention. I also talked with the deans of pharmacy schools at the University of California at San Francisco, and at Howard, Xavier, and Florida A & M Universities.

A recognition luncheon was given for Mary Munson Runge, a black pharmacist who is Chairman of the Board of Trustees, APHA. She inspired everyone who attended the conventions to become more involved in the profession.

In summary, an excellent combination of both formal and informal functions made the conventions both education and socially enjoyable. I could hardly have spent those days more constructively.

AACP GRADUATE PROGRAM GUIDEBOOK

Jean Paul Gagnon, Ph.D.

Recently, an *ad hoc* committee of the American Association of Colleges of Pharmacy (AACP) was formed to study trends leading to licensure and methods of recruiting graduate students on the pharmaceutical sciences. One finding of the committee was that the recruitment of undergraduate pharmacy students into pharmacy graduate programs was hindered by the lack of availability of adequate and appropriate information on advanced pharmacy degree programs.

To alleviate this problem, another committee was formed to develop an AACP graduate program guidebook. Under the chairmanship of DR. GEORGE COCOLAS, Professor and Chairman, Division of Medicinal Chemistry, the committee was given the responsibility to collate, publish and distribute a guide on U. S. pharmacy school graduate programs by the summer of 1979. The committee included J. Keith Guillory, University of Iowa; George R. Spratto, Purdue University; Melvin H. Weinswig, University of Wisconsin and Albert I. Wertheimer, University of Minnesota.

Dr. Cocolas and the committee completed their work ahead of schedule. The 500 page document contains the following information on each graduate program: 1) the name, address, program type, degree and admission information; 2) where to apply and who to contact; 3) financial aid; 4) cost of study; 5) curriculum; 6) facilities; and 7) faculty biographies and research interests. The book is organized by discipline—hospital pharmacy, pharmaceutical chemistry, pharmacognosy, pharmaceutics, and pharmacy administration.

The guidebook has many uses. It can function as an excellent resource for students interested in graduate programs in pharmacy. Faculty can use the guide to acquaint prospective undergraduate pharmacy students on the wide scope of programs available. It can aid students in their decision-making process with regards to graduate school. The guidebook is also of value to faculty, deans, drug industry and government agencies because it is a comprehensive resource document on all graduate programs in pharmacy. Moreover, it is an excellent tool for the promotion of opportunities for graduate education and research in schools of pharmacy.

The guidebook, which is currently in press, will soon be available from the AACP.

Dean Miya congratulates three of our staff members for their extensive services to the University. From left to right, **Mrs. Chris Bowman,** who has served 15 years; **Mrs. Gail Moriarty,** who has served 10 years (all 10 with the School of Pharmacy); and **Mrs. Nelle Barbour,** who has served 20 years.

THE MAC EXPERIENCE

The first comprehensive reference document providing a detailed history of MAC—the government's regulations designed to lower costs in Federally funded prescription drug reimbursement programs—was published last month by two School of Pharmacy professors, Drs. Jean Paul Gagnon and Raymond Jang.

In compiling their report, entitled "Federal Control of Pharmaceutical Costs: the MAC Experience," the authors sought to provide interested persons in health care, government, education and the pharmaceutical industry "with a means of looking objectively at the development and implementation of the MAC program to determine what can be learned from the experience and applied to future drug cost containment policy decisions."

Generally known as MAC, these HEW regulations consist of three related elements: maximum allowable cost limits on multisource drugs (MAC); estimated acquisition cost reimbursement for the top 300 drugs (EAC); and publication and distribution of a *Guide to Prescription Drug Prices* which compares the costs to pharmacists of frequently prescribed products.

Despite strong opposition from retail druggists, drug manufacturers, the medical profession and other concerned parties, HEW continues to remain strongly committed to the program. Although inadequate data makes a complete evaluation of the three segments of the program difficult, the authors have assessed the effect of the regulations on drug prices, the drug distribution system, and pharmacy.

This study points out that recent government estimates of cost reductions attributable to MAC limits vary from $10 to $20 million annually compared to the originally projected $48 million. The authors also question the projected savings of $23 to $38 million from the EAC provisions based on their analysis of drug price data. Additionally the UNC Professors noted that to be meaningful to either physicians or consumers, the *Guide to Prescription Drug Prices* must be substantially modified.

The authors question how a MAC type of government drug program can be structured effectively to allow for prudent reimbursing. They conclude that the MAC Program has not been an effective cost-containment measure and that it needs modification if it is to satisfy the real needs of the marketplace. The authors, therefore, concur with recommendations supporting policies which create effective competition in the marketplace in preference to the regulatory approach.

Since saving money in government programs is a process involving the interaction of numerous forces, the authors' intent was to provide all parties interested in drug cost containment with an objective review of this interaction. In order to achieve this goal, five outside reviewers from government, industry and academia were asked to criticize the work. Their suggestions and comments were used to construct the final report. Their recommendations are offered in the hope that an equitable, fair, and effective program might be developed.

A copy of the report can be obtained by writing to Hoffmann-LaRoche Laboratories, Nutley, NJ.

ON THE AIR

TELEVISION

Dr. RAYMOND JANG was interviewed by Mike Toscano of WRAL news (Channel 5, Raleigh) concerning the recent publication by Drs. GAGNON and JANG of the Division of Pharmacy Administration. Their publication is *Federal Control of Pharmaceutical Costs: The MAC Experience*. (See companion article this SCRIPT)

In the newscast, Dr. Jang mentioned that, "The MAC issue causes difficulties for pharmacists, and if the difficulties become too great, pharmacists may choose not to support it."

RADIO

Listen to the School of Pharmacy's five-minute interview program, *PHARMACY COMMENTS,* on station WRBX (1530 on the radio dial), at 12:55 p.m. on Thursdays. Beginning in September, WSRC (1410) is also carrying the weekly series.

This public information program is presented under the auspices of the North Carolina Society of Hospital Pharmacists and involves local pharmacists as experts. Carolyn Clayton conducts the interviews.

DRUG INFORMATION REPORTS

New Recommendations for the Treatment of Gonorrhea

The Center for Disease Control in Atlanta has established new guidelines for the treatment of gonococcal infections in men and women. The drug regimen of choice for uncomplicated gonococcal infections is no longer limited to the parenteral penicillin-oral probenecid combination. Options for the clinician also include oral tetracycline and oral ampicillin or amoxicillin with probenecid in the dosages shown below.

Drug Regimen of Choice[1]

Adults

Option 1 Aqueous procaine penicillin G, 4.8 million units injected intramuscularly at two sites (2.4 MU per site) plus 1.0 gm of oral probenecid. Once.

Option 2 Tetracycline hydrochloride 500 mg orally, 4 times a day for 5 days.

Option 3 Ampicillin 3.5 gm plus 1 gm probenecid, orally. Once.

Option 4 Amoxicillin 3.0 gm plus 1 gm probenecid, orally. Once.

Children (Weight less than 45 kg)

Option 1 Aqueous procaine penicillin 100,000 units/kg intramuscularly plus probenecid 25 mg/kg (maximum 1 gm). Once.

Option 2 Amoxicillin 50 mg/kg plus probenecid 25 mg/kg (maximum 1 gm). Once.

As usual, patients receiving therapy with tetracycline should have explained to them the importance of: 1) Taking the drug 1 hour before or 2 hours after meals, and 2) Taking the medication for the entire 5-day course. Pregnant patients who are allergic to penicillin should not be given tetracycline. Such patients are most appropriately treated with spectinomycin, 2 gm intramuscularly, once.

Additional treatment schedules have been devised by the CDC, and should be consulted before treating more complicated problems such as pelvic inflammatory disease or disseminated gonococcal infection.

[1] Anon: Gonorrhea-center for disease control recommended treatment schedules, 1979, Ann Int Med 90:809-811 (May) 1979.

For additional information, contact David Rudd, Division of Pharmacy Practice, UNC School of Pharmacy.

WITH THE FACULTY

Dr. Kuo-hsiung Lee, Professor of Medicinal Chemistry, has been awarded another grant in his continuing natural products research. The grant, in the amount of $64,950, is from the American Cancer Society for his program entitled "Isolation and Mode of Action of Antitumor Agents."

"Think Well Before Using" by **Mr. Leonard Berlow,** Assistant Professor, appeared in the August issue of *Pharmaceutical Representative.*

Mrs. Cindy B. Dunham, Instructor, is now serving as Coordinator, Acute Care Clinical Pharmacy Services. Her responsibilities include developing clinical service activity schedules for the Division of Pharmacy Practice members and graduate students.

Dr. R. Stephen Porter, Clinical Assistant Professor, has accepted the position of Associate Director of Education at the Eastern AHEC in Greenville.

Mr. Clifton I. Stone, Stockroom Manager, recently attended The Scientific Material Managers Association 6th Annual Meeting in Salt Lake City, Utah. He has been invited to present his paper, "Stockroom Organization," at next year's conference which will be held at Research Triangle Park.

Dr. Jack K. Wier, Associate Professor, was installed as Vice President/President-Elect of the American Society of Pharmacognosy at its 20th Annual Meeting held at Purdue University on August 3. An extensive symposium on Recent Advances in Antibiotics and Alkaloids was conducted in conjunction with the meeting.

STUDENT BRANCHES

The Student Branches of the American Pharmaceutical Association and the North Carolina Pharmaceutical Association (SAPhA) opened the new year with enthusiasm at their annual hot dog roast held August 30th at the University Farm. Dr. and Mrs. Richard P. Penna were honored guests at the picnic. Dr. Penna is the associate executive director for Professional Affairs of APhA. Humidity notwithstanding, all students, faculty, and their families enjoyed themselves.

For those unfamiliar with SAPhA, the purpose of the organization is to encourage students to participate in programs designed to enhance the profession of pharmacy. Through membership in this organization, students may involve themselves in the profession on the local, state, regional, and national levels.

Monthly meetings are always held on a Wednesday at 7:30 p.m. They feature interesting and informative speakers who discuss topics that are relevant to the professional aspects of pharmacy practice.

Membership also entitles the student to receive SAPhA, APhA, and NCPhA publications, to have a voice in all transactions of the Student Branches, and to attend annual regional and national conventions. In addition, all members may attend the NCPhA annual meetings with no registration fee.

SAPhA President Jennifer Price has announced the following fall schedule:

September 12—Panel discussion on Pharmacy School by 5/5's

October 3—Sol Lucas, R.Ph., Chemotherapy Specialist at Duke Medical Center

November 7—Ralph Raasch, Pharm. D., Assistant Professor, Division of Pharmacy Practice, School of Pharmacy, UNC at Chapel Hill

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Did you know that:

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— Within four days, people forget 40% of what they have learned;

— Within 9 days, people forget 60% of what they have learned;

— Within 30 days, people forget 74% of what they have learned?

But don't become disheartened. Reinforcement is the key to retention.

TWO SUMMER MEETINGS

Several faculty represented the School of Pharmacy at the DISTRICT III, NABP/AACP meeting held in Biloxi, Mississippi, on August 12-14:

MR. FRED M. ECKEL, Professor and Chairman, Division of Pharmacy Practice, presented "The Pharmacists' Role in Health Care Delivery Planning."

DR. DAVID R. WORK, Secretary of the N. C. Board of Pharmacy and Adjunct Associate Professor, presented "A Review of the North Carolina Practical Examination."

MR. ROBERT SMITH, Clinical Associate Professor, and MRS. REBECCA S. WORK, Assistant to the Dean, also attended the conference.

* * *

Additional faculty also participated in the AACP 80th Annual Meeting held in Denver, July 8-12:

DEAN TOM S. MIYA spoke on "Commitment to Minority Admissions."

DR. JEAN PAUL GAGNON, Professor and Chairman, Division of Pharmacy Administration, moderated a panel discussion on "Overcoming the Barriers to Providing Expanded Pharmacy Services."

DR. RAYMOND JANG, Associate Professor, Division of Pharmacy Administration, gave four presentations at the 1979 Annual Meeting: "Exercises to Develop Problem-Solving Skills for Community Pharmacy Practice," "Student Reports on Health Agencies to Stimulate Health Role Perceptions," and "Developing the Pharmacist's Helping Skills (with Mr. Stephen M. Caiola, Associate Professor, Division of Pharmacy Practice).

Dr. Jang also presented an invited lecture on "Pharmacist's Role Performance: Evaluation," as part of the Section of Teachers of Pharmacy Administration's symposium on Maximizing Pharmacy's Contribution to Society.

In addition, Dr. Jang was appointed Chairman of the Section's Special Committee on the Basic Pharmaceutical Sciences Examination to develop questions on the social and behavioral sciences.

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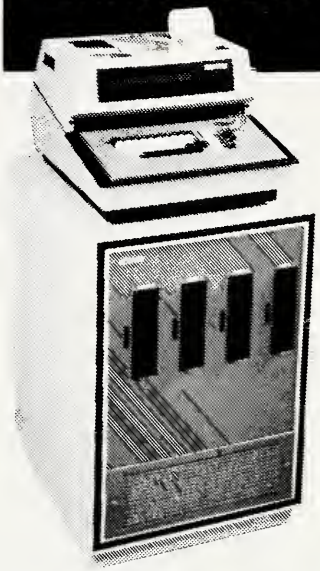

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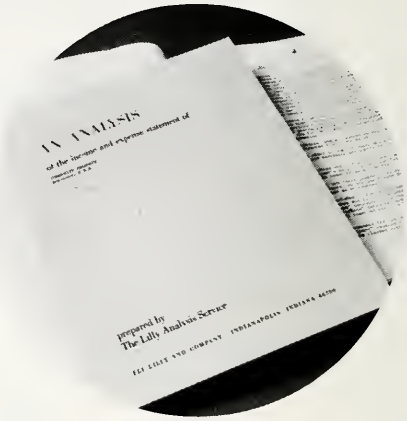

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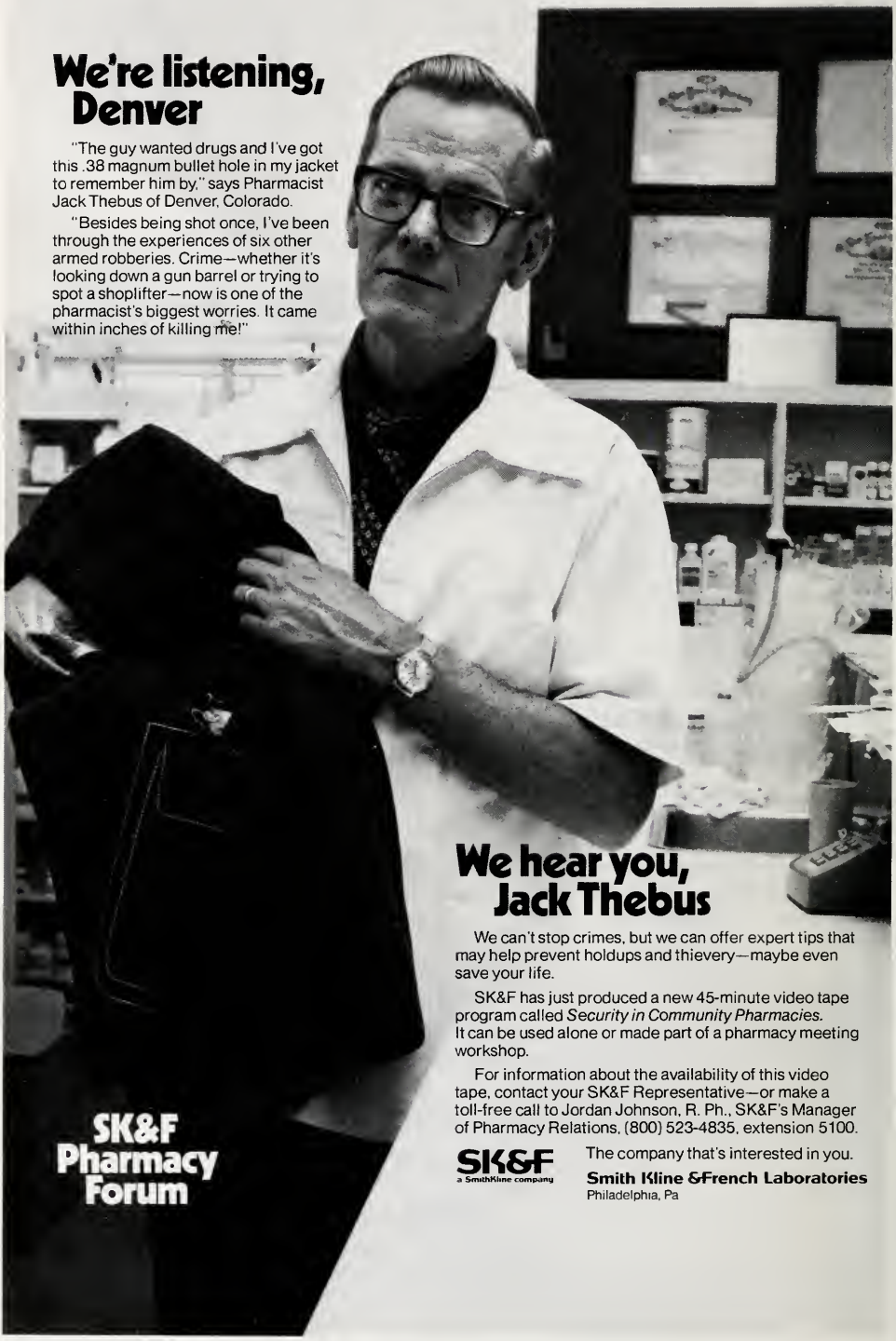
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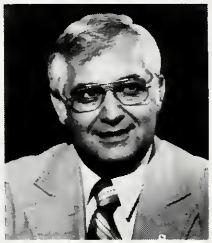
Our best friends are our severest critics and our greatest assets.

Meet our 1979 Pharmacy Consultant Panel.

Donald A. Dee, R.Ph., Exec. Sec., Minnesota Pharmaceutical Assoc. Minneapolis, Minnesota

Benjamin F. Cooper, Ph.D., Dean, School of Pharmacy Auburn University, Auburn, Ala.



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FROM THE PRESIDENT

Early in my pharmacy apprenticeship I learned better than to prescribe to those in search of medication. The lesson learned, I certainly have no intention of making recommendations to you about maintaining the health or treating the ailments of the North Carolina Pharmaceutical Association.

I hope however, that you will not be governed by my example. Your president, your executive committee and your executive secretary are here to listen to your complaints and suggestions. Not only do we intend to listen, but we resolve to carry out your wishes as best we can.

Meantime, if you would like me, a member of the executive committee or the executive secretary to meet with your local organization, regardless of the reason, please call me at 704-264-8696 (work) or 264-2348 (home) or write me at Box 151, Boone, NC 28607.

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PROMOTE YOUR PROFESSIONAL SERVICES

by William F. Pillow, Jr.
Manager, Professional Relations
Eli Lilly and Company

Pharmacist-patron communications is a popular topic in pharmacy today, but it's widely misunderstood and more pharmacists agree with it in principle than in practice. Yet it's one of the greatest opportunities pharmacists have for increasing patronage and improving their professional standing.

Price still appeals to many patrons. But several large pharmacy chains are now saying that price has been pushed as far as it can go, and personal service is the new direction for building patronage. Maybe it's because personal attention and service have become a rarity in the commercial world. How often do you find this when you're out shopping for clothes, hardware, or other things?

Pharmacies can market personal service in many ways to enhance their professional image and patronage. One of the most effective means is through patient consultation—not the 30-minute intensive interview that this term usually conjures up in pharmacists' minds but the general accessibility of the pharmacist to answer questions and assure proper understanding about medication. Not every prescription, every filling, or even every patient requires a detailed explanation or a lengthy talk with the pharmacist. Many a pharmacist uses ancillary prescription labels for added instructions and calls patients' attention to these. But he or she is there, visible, and personally available, if needed.

The time is certainly right for promoting the pharmacist's professional services. Today's patrons are likely to feel familiar with certain diseases and some of the newer therapeutic agents. They probably view drug abuse with alarm, may be unclear about the distinctions between illicit and legal drugs subject to abuse or misuse, and generally have heard about potential interactions between alcohol and drugs. They often read about surveys suggesting that some pharmacies charge more than others, hear claims that manufacturers and pharmacies make excessive profits, and are told that they can save money by asking for generic drugs. But, like the old adage, a little knowledge can be a dangerous thing. They may form misconceptions about things with which they *feel* familiar but actually do not fully understand. When reasons and explanations are not provided, they may invent them. Above all, they don't like being sick and don't enjoy having to pay to get well! Consider what could happen in the following situations and how you could help—in both the patient's and your own best interests.

Full Course of Treatment

Once symptoms subside and patients begin to feel better, they may take fewer doses of their medication or even stop it altogether. They may believe that the drug has pretty well done its job, and they may wish to save some of the medicine in case the condition recurs. Antibiotic therapy is a good example, since its use can produce a dramatic response and, in a few days, make the patient think he or she has completely recovered. But in oral penicillin therapy for strep throat, for example, stopping the drug too soon may have disastrous consequences. From a business viewpoint, of course, when doses are saved for a future illness, it could mean the absence of a new prescription the next time that patron is ill. From a professional standpoint, it could mean self-medication with an unsuitable drug or one that has lost potency but encourages a false sense of security. An added word or two to insure that dosage instructions are understood and followed, particularly when a new prescription is dispensed, seems therefore to be good business—as well as professional—practice.

Failure to Have Prescription Filled

The effect of this, from a business viewpoint, seems almost too obvious to mention. Reasons for not having a prescription filled may run all the way from "It's too expensive" or "I don't have enough money" to "I'll get by without it" or "It really can't be that important." Still, if no opportunity is afforded for talking with a pharmacist, the patron may simply rely on his or her own conclusions and decide not to have a prescription filled. In a recent study, *The General Mills American Family Report 1978-79,* prepared by Yankelovich, Skelly, and White, Inc., 10 percent of those surveyed admitted postponing having prescriptions filled "to see if they really need them."

Treatment of a Chronic Condition

This situation may seem like a replay of the

(Continued on Page 9)

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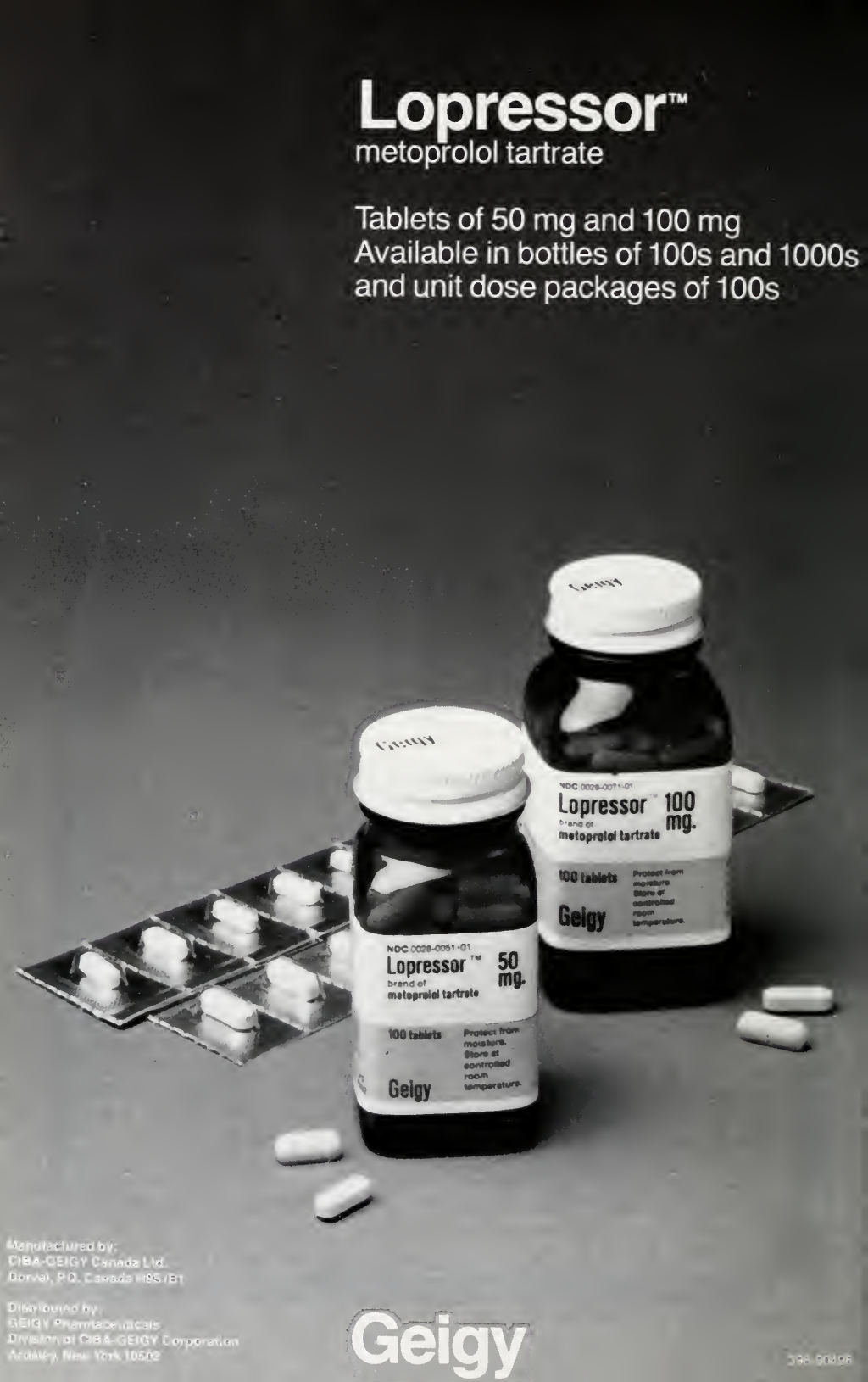

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first one. The difference is that it involves the matter of a patron's continuing to take doses at the proper frequency over a period of time and perhaps refilling a prescription over a period of months or even years. Since symptoms may never have been apparent to the patient or may have been forgotten after the disease was brought under control, the patient may be inclined to test the possibility of "stretching" doses or perhaps even doing without the medication. This may go undetected unless the pharmacist has some sort of system for monitoring refills of chronic medication. Therefore, it seems in the best interests of both the patient and the pharmacy to explain the importance of refilling the prescription and taking the medicine properly and to keep in touch with the patient to make certain that this is being done.

Price Shopping

Once patients have accepted the fact that they must remain on maintenance medication, they may begin to feel a certain self-confidence that can alter their attitude about the drug they are taking. No longer present are the uncertainties they probably felt when the prescription was first filled—anxiety about their condition, apprehension about the prognosis, and little understanding at that point about the method and objective of therapy. Now their uncertainty, if they have any, is probably related to whether they can save any money on their medicine. The pharmacist may not realize what is happening and may lose a patron simply because of a small difference in price. Since the patron's confidence in his or her medication and interest in price shopping are at least partly the result of an inadequate understanding about the prescription, it behooves the pharmacist to explain such things as the importance of continuing to use the same brand of medication. This also provides an ideal opportunity to elicit any question or concerns about price and to describe the pharmacy's services. The outcome could prove beneficial to both the patient and the pharmacy.

Information about Side Effects

This probably is the most controversial, since it may be claimed that, when a possible side effect is mentioned, a patient will expect and, therefore, "experience" it. Yet, if the patient does actually suffer a side effect without having been told that it may occur, the pharmacist may be the last person he or she calls to complain. Not only might the patient develop an unfavorable impression about the pharmacy and possibly be unwilling to continue the medication; a potential liability could result if the patient drove and had an accident, for example, while taking a drug that produced drowsiness. Here, again, it seems in the best interests of both the patient and the pharmacy to take the time to explain possible side effects.

Your state association is taking steps to help promote your professional services. It is contacting radio and TV stations throughout the state to urge them to broadcast a new series of public service messages made available by Eli Lilly and Company, designed to tell the public how you can help them better understand and utilize medicines. The credibility of this program will, of course, depend on what happens when the listener or viewer enters your pharmacy. You can reinforce these messages and enhance your pharmacy's image by being accessible and communicating with your patrons. What better way can the pharmacist promote his or her professional services?

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NONCOMPLIANCE: WHOSE FAULT PATIENT, PRESCRIBER OR PHARMACIST?

Leonard Berlow
Assistant Professor, Pharmacy Administration
School of Pharmacy
University of North Carolina at Chapel Hill
Chapel Hill, North Carolina

Over the years, the prescription has become the physician's traditional way of ending a patient visit. With his concluding remarks comes that piece of paper to remedy the problem or bridge the span of time until the next visit. This prescription finale has become so routine that patients expect a prescription(s) if nothing more than verification that their visit was indeed necessary (how many prescriptions are written merely to satisfy this need and also as a visit terminator).

It is at this precise point that the incredible problem of noncompliance starts on its infamous way. First, it is estimated that one-third of the 2 billion yearly prescriptions written *are not filled.* And then 50 percent of the remaining filled prescriptions are *taken incorrectly.* In either case, noncompliance is the end result.

Reasons for not filling prescriptions have been examined by a number of researchers with varied findings including a lack of understanding of the importance of prescribed drugs; dislike for the taste or side-effects; high costs; inconvenience of drugstores. **Blackwell**[1] suggested several interesting observations that also contribute to noncompliance. Patients with chronic illnesses that require long-term therapy are more likely to be noncompliers as are children, the elderly, and the disadvantaged. Patients who live alone are less likely to comply than those who live with another family member who can take an interest in and/or supervise their therapy. Individuals with psychiatric illness or personality disturbances also are more likely to use drugs erratically. The risk of noncompliance increases as the number of drugs taken and the frequency of administration increase.

There is convincing evidence that physicians fail to communicate to patients the necessity of filling prescriptions and their proper administration. This is generally attributed to a lack of time, inability of patients to understand why and how to use prescribed drugs; patient reluctance to seek out information because of personal insecurity/timidity in the presence of physicians; the obvious fact that prescribers do not have the drug(s) in their physical possession to identify or demonstrate color, shape, etc., of the particular drug (especially confusing for polyprescriptions).

Pharmacists fail to communicate with patients on essentially the same bases as prescribers with the important addition of not serving that vast number of patients who do not choose to take their prescriptions in for filling. Thus, the pharmacist does not have the opportunity to reinforce and instruct all patients in proper drug usage.

HOW PRESCRIBERS PRESCRIBE

Bates[1] said: "To a scientific, busy practitioner, time spent as a father-confessor is time wasted, and the prime art of medicine becomes skill in getting people out of the door before they start to chat." So, prescribers develop repertoires which they use during the visit-prescription epilogue. Some may busily write the prescription -stop- and explain the directions. Others may write and direct at the same time. Still others may mechanically write and mechanically hand over the prescription without further comment. Although any one of these actions may/may not work for a particular patient, compliance odds are probably improved by the doctor who takes time to explain the course of his prescribed drug therapy.

Many prescribers, who recognize that there is a compliance problem, nevertheless still choose to ignore their role in encouraging proper drug taking because they are of the opinion that the friendly pharmacist will take over that chore and "do it better anyhow." That may be well and good, but the fact remains that too many patients fail to get as far as the drug store, and when they do, too many pharmacists fail to fulfill their reinforcer/instructor duties.

Physicians would be amazed and dismayed to learn of the unreasonable number of patients who ask their pharmacists, "What's this medicine for?" The pharmacist must now make an uncomfortable choice between: revelation, cover-up, ignorance, or referral back to the prescriber. For the moment, place the physician in the pharmacists' position under these circumstances: (1) would he know what a prescription is for void of the slightest indication (granted many drugs are disease specific and the pharmacist would obviously know their reason for being ordered), but; (2) whether indicated or not on the script, does the physician *want* the pharmacist to discuss diagnoses with the patient? (Pharmacists are extremely sensitive to the parameters of their practice since they are realistic enough to know that overstepping their jurisdiction can result in a confrontation they cannot win.)

AND WHAT ABOUT . . .

Many exotic reasons have been advanced to explain noncompliance. Any and all of these are certainly factors adding to this serious and costly health hazard. But, one which may be of major importance has generally been overlooked and, certainly deserves prescribers' and pharmacists' urgent attention. It is simply what is/or is not said on drug labels—the instructions that patients are supposed to rely on.

Whether it's a case of the physicians' and pharmacists' press of time or simply ignorance on the part of the public, the fact remains that today thousands of patients will be noncompliant because they do not understand what to do and when to do it. Somewhere, someone is now inserting a suppository still wrapped in foil and others have stopped taking their prescribed dose because they "feel better." And untold numbers of patients, whether astute or dense, will not take their medicines as intended.

For example, in interpreting a prescription that read "Tetracycline, 250 mg. every six hours," only 36 percent of the 67 patients in a study indicated they would take the drug every six hours around the clock for a total of four doses each day. About 25 percent of the patients would not take a night time dose since they divided the time that they were awake into three six-hour periods.[3] There is a very real inconsistency in the times of admin-

(Continued on Page 15)

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istration shown on drug labels. The same patient may be on three different drugs with instructions on two: "take four times a day," and the third as "take very six hours." The same regimens, but just another way of adding to the patient communication problem.

A young secretary, here at the school of pharmacy, received a prescription for a dermatologic condition. Instructions were to "apply three times a day to affected area." Her response to my question, "What does three times a day mean?" was "morning, noon, and night." She may have been precisely correct, but perhaps her physician meant for this medicine to be applied every eight hours. (Webster's has several options in defining "day" including "the period of light between one night and the next; the period of the earth's revolution on its axis; a period of 24-hours beginning at midnight."

"Take with meals" is a popular way to beat the system of noncompliance. The problem is that many of us, especially the elderly and economically deprived, may eat only one or two meals a day. "Avoid alcohol" is a common admonition with drug taking. But, some ethnic groups in particular, routinely drink wine or beer with meals and give no consideration to the fact that they contain alcohol. A patient receiving a "water pill" might perceive this adds water rather than eliminates it from the body.[4]

In the case of prescriptions for penicillin G written to be taken "three times a day and at bedtime," 90 percent of the patients indicated that they would take the drug with meals and at bedtime. Taking the drug in this manner could result in significant decrease in its absorption. When the instructions were designated as "30 minutes before meals and at bedtime on an empty stomach," 91 percent of the patients interpreted them correctly.[5]

Then there are phoned-in prescriptions which may or may not be delivered to the patient by the same pharmacist who took the prescription from the prescriber. Thus, the possibility is increased that the patient or his agent will receive only a bag containing the drug(s) which hopefully will also include literate label directions.

Every day hundreds of thousands of patients are noncompliant because of just such examples as those cited. But, there is still a more ominous threat than labels that at least convey *some* instructions to patients. It is simply that overworked phrase "take as directed" or, just to save time, "as directed." In a recent Ohio State University Hospital Outpatient Clinic study,[6] a group of "as directed" patients were queried to determine the extent of their knowledge about the prescribed medication. Fifty-five percent of this group had sufficient information to properly take their medication. The remaining 45 percent needed additional explanation which was given by the dispensing pharmacist.

Pharmacists report that up to 25 percent of prescriptions come to them as "Sig: U. D." This is not a problem for those who understand instructions given by the prescriber or who can comprehend manufacturers' labels or package inserts (quite likely removed by the pharmacist). But, "as directed" to the majority of patients is a disservice to them. The problem is especially critical since physicians give pharmacists the message via the prescription that the patient has already been directed in the drug's use which may not be the case at all. Or perhaps the prescriber believes the manufacturer's label will remain affixed to the prescribed medication. It is usually covered with the drugstore's own label or scraped off either for aesthetic reasons or to give the impression that the prescription has been prepared for the patient.

Of course, many prescribers believe pharmacists will take care of instructing their patients. Being very realistic, there is no assurance that the pharmacist will be in personal contact with patients/customers. Pharmacists, particularly in high-volume departments, are not noted for their patient contact and prescriptions may be handed to patients neatly packaged—by a clerk. A pharmacist who does have the opportunity to consult with the patient may hesitate instructing these "as directed" patients for fear of contraindicating/interfering with what has already been said by the physician prescriber.

TREAT THE PATIENT—NOT JUST HIS DISEASE

The fact that most patients do not comply with what is intended for them is costly in terms of safe and effective therapy and from an economic standpoint as well. But they are not the only losers. Prescribers, pharmacists, and manufacturers are also adversely affected by noncompliers.

(Continued on Page 17)

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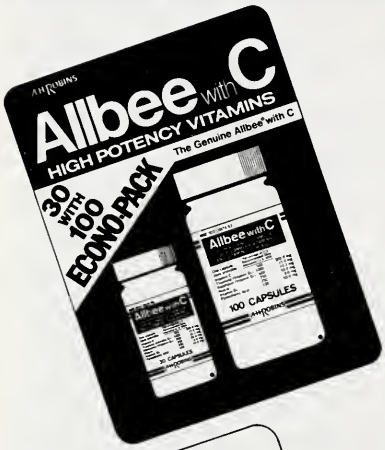

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In fairness to pharmacists, it must be said that they, in general, are more sensitive to this noncompliance phenomenon than are prescribers. This is as it should be since pharmacists are the link between the doctor and the patient. There is much activity to change their image to health care advisors and members of the "health team" from that of the stereotyped—behind the partition—technician busily counting, licking, and pouring. Clinical pharmacy has made impressive inroads, especially in the hospital setting, to encourage dramatic improvement in patient compliance. And patient medication records, when properly used, can make compliance happen. A start. But there is a long way to go to utilize what every pharmacist should have to offer to every patient.

Prescribers must seek ways of assuring that what they order is what the patient needs and will take in compliance with proper instructions. Are too many prescriptions being written? If one-third of all prescriptions are never filled and patients are noncompliant in taking another 50 percent, then there appears to be a serious question regarding the propensity for prescription writing. Prescribing routines might also be altered to order medications on as infrequent basis as possible (perhaps "take twice a day" may be just as effective as "take three times a day").

Another suggestion might be worth considering since it requires a special sensitivity and skill for a professional to avoid jargon and to explain simply and clearly an illness and its treatment. Materials carefully written and illustrated for the patient can supplement verbal explanation. Prescription blanks can contain a printed instruction that the pharmacist identify the contents and regimen on the typed bottle label, rather than a statement such as "take as directed." If the patient is taking several medications, the practitioner's prescription might specify the illness for which each medicine is required: e.g., "Take one pill each morning *for high blood pressure.*"[7]

The time of procrastination about compliance is over. For too long physicians have blamed pharmacists for not getting the message across and pharmacists have responded

(Continued on Page 20)

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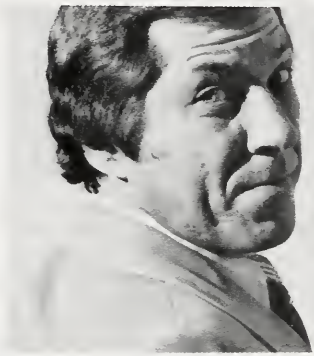

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INDUSTRY INTERNS

Eight pharmacy students completed a summer internship program at Burroughs Wellcome Co.'s manufacturing facilities in Greenville, North Carolina. The 13-week program is sponsored annually by the National Pharmaceutical Council, Inc. to increase fourth and fifth year students' overall knowledge of pharmacy, especially the role of industry.

The 1979 summer interns were: (from left to right)

Row 1: Jim Mahon, Burroughs Wellcome Co., Janet Dodson, University of Kentucky, Earl Lane, University of North Carolina, Ray Burke, University of North Carolina, Gary Magnus, University of Maryland, Patti Rouse, University of North Carolina.

Row 2: Jeff Gross, University of Pittsburgh, Alice Martino, Purdue University, Karen Dobbins, Purdue University.

Smith Wholesale Drug Company, Spartanburg, S. C. was host recently to 30 senior students and 3 faculty members from the University of South Carolina College of Pharmacy. The visit is a part of their course in Marketing and Pharmacy Management. A tour of Smith's Drug Division and Data Processing Division was given, showing their modern up-to-date facilities for processing wholesale drug orders.

that their duty was to follow only what the doctor writes. The only victim of all this is the patient who, aside from lesser quality care, gets tagged with the label of noncomplier.

Compliance is not fancy gimmicks or catchy slogans. It's simply communicating. When doctors and pharmacists agree there is a necessity and then how to communicate with each other, patients will become the benefactors. Schools of medicine and medical societies are the ideal place to build bridges of respect and understanding for pharmacists and what they can do for patients and, incidentally, physicians, too. A starting point could be an invitation to a pharmacist or two to discuss their needs and frustrations with the prescriptions they must service (maybe even those "as directed" scripts might decrease).

The key is communications. It is of such significance that one state, Washington, mandates pharmacists to counsel every prescription-patient to assure proper medication administration. But many obligatory programs tend to become superficial. There's a simpler way. *Treat the patient—not just his disease.* ■

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ELIZABETHTOWN

Mr. Alfred Gene Smith has been elected to the Social Services Board of Bladen County for a three year term. Mr. Smith had previously served on the Bladen Hospital Board from 1971 to 1977.

"Service in Wholesale Quantities

To the Editor:

The August 13th issue of "The Green Sheet" announcing Burroughs Wellcome's plan to distribute their four leading OTC products to food stores and other non drug outlets aroused me out of my complacent attitude enough to write this letter.

B & W is just one of the many companies in the Drug and related industry to have had the good fortune of having the Pharmacist promote their products to the point that it becomes economically necessary to make the product available to all sales outlets.

B & W is not only making their OTC products available to non drug outlets—they are suggesting the drug wholesaler actively promote to non drug outlets. This economic attack on the retail Pharmacist should cause a reaction by all interested in the well being of the entire spectrum of pharmacy. The Burroughs Wellcome Company's pharmacy education program is maintained by sales of these same OTC products.

The time has come for the Pharmacist to get out from behind the "Work Bench" and defend the profession. Let's tell the Educators, Drug Companies, Third Parties & Governmental organizations how the Pharmacist can best serve the needs of the Patient and consumer. We may begin by appointing a panel for the purpose of rating the companies in respect to their relationship to Pharmacy. A rating system would give the Pharmacist a guide as to the quality and availability when selecting Generic drugs and OTC products. We must be economically sound to remain in the position of being in contact with the largest number of patients and consumers of any profession.

Sincerely yours,

Carl P. Meroney, Pharmacist

CHILD-RESISTANT SAFETY CAPS ARE PAYING OFF

Child-resistant safety caps on aspirin bottles, prescription drugs and other household products are paying off: fewer infants and toddlers are poisoning themselves!

That's the conclusion expressed in a new report by the Consumer Product Safety Commission which states that accidental poisonings among young children by products subject to child-resistant packaging regulations have declined substantially since 1972, the year that safety caps were required on some products for the very first time.

According to the Department of Health, Education and Welfare, several products have shown excellent track records since safety caps were introduced. Between 1972 and 1977, aspirin-related deaths among young children dropped by 76 per cent while all aspirin ingestions declined 54 per cent. Childproof caps were first required on automotive windshield cleaning compounds in 1973, and poisonings have decreased by 65 per cent since then. Turpentine poisonings are down 51 per cent, ingestions of lye compounds have declined 58 per cent.

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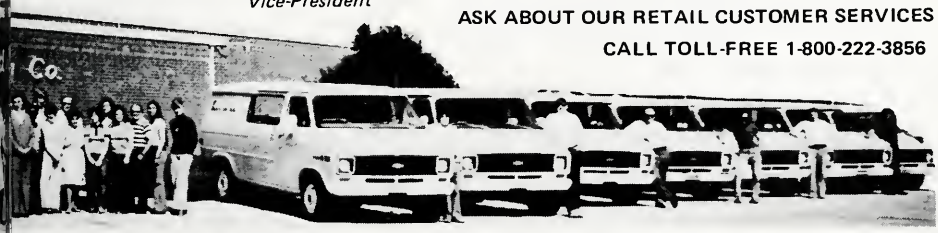

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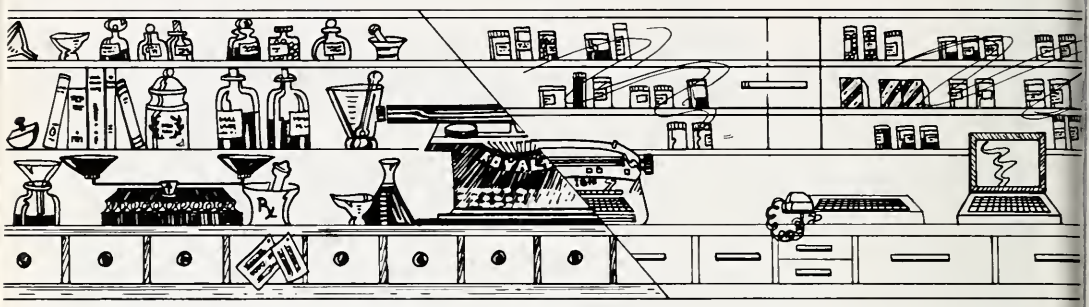

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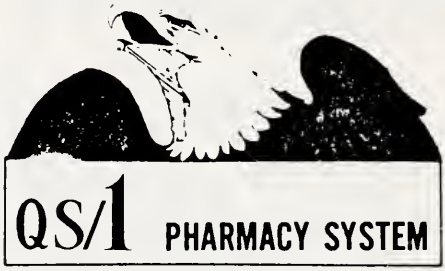

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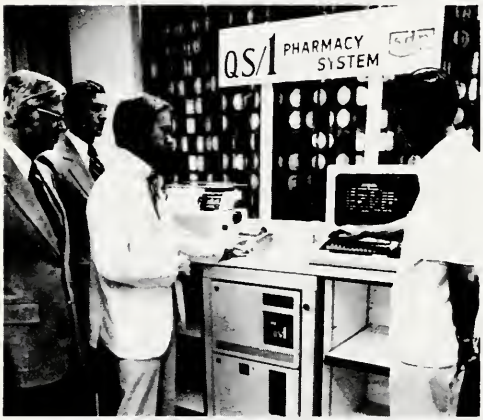

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GRADUATION PERSONALITIES

UNC School of Pharmacy graduation in September?

No. The pictures appearing on the opposite page were made by Carolyn Clayton and Ray Burke as part of the graduation in May. We could attribute the delay to the U. S. Postal Service, but procrastination on the part of the Journal staff is more accurate.

In any event, if you were present for the graduation ceremony at Hill Hall, our roving photographers may have caught you in their lens.

GUILFORD COUNTY SOCIETY OF PHARMACISTS

Members of the Guilford County Society of Pharmacists gathered at Thompson Auditorium, Wesley Long Hospital in Greensboro on Wednesday, September 12, to hear a very informative talk by Peter Gal, Pharm. D., about asthma and bronchodilator therapy. Dr. Gal is the new AHEC pharmacist in Greensboro, and the members of the Guilford County pharmacy community were glad to have this chance to welcome him to this area. Following the program, a somewhat spontaneous but very interesting and "lively" discussion of some of the potential problems pharmacists will be facing with the institution of the Drug Product Selection law on January 1, 1980. There being no further business, the meeting was then adjourned.

J. Frank Burton
Secretary-Treasurer

CHARLOTTE WOMAN'S PHARMACEUTICAL AUXILIARY CHARLOTTE, NC

The Charlotte Woman's Pharmaceutical Auxiliary met Tuesday, September 11 at the Charlotte Christian Rehabilitation Center. Mrs. Mary Lou Davis, President, presided. A tour of the Center was followed by lunch in the hospitality room. A gift of $100.00 was presented to the Center by the Auxiliary.

A short business meeting was held.

Mrs. L. P. Williams

KAPPA EPSILON CONVENTION DELEGATE

Mrs. Elizabeth Ayers, Winston-Salem, attended the Kappa Epsilon Pharmacy Fraternity National Convention, August 8-11, 1979, at the University of Texas at Austin, Texas. Libby was a delegate from the North Carolina Alumni Chapter.

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Carolyn Clayton, Editor

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DEAN'S MESSAGE

In one of my rambling readings I came across some writing, the source of which I have long forgotten. In part, it was about an individual who bid farewell to an institution because of its intellectual commitment to the past and its monumental indifference to the future. Although the source is now buried somewhere in my memory I have thought about it enumerable times. Some organizations, smaller units of organizations, and some individuals suffer from this same malaise, leading to a crippling morbidity which will have ramifications for the future.

The faculty of the School of Pharmacy is planning a retreat in early November. A major item for discussion will be the future. We hope to uncover the most pressing problems facing our School and its students, vis-a-vis the future of the profession. We hope to plan the best possible strategy for the decade of the eighties within the resources we expect to have at our command.

I am certain that we will be calling on everyone concerned with the future—faculty, students, and practitioners—for a commitment, and I am just as certain that we will receive it.

STUDENT BRANCHES

Jennifer Price, Pres.

The first Student Branches (SAPhA) meeting of the year had one of the largest turnouts ever. Approximately forty persons attended. The meeting, highlighted by a panel discussion of 5/5 students, was held on Wednesday, September 12 at 7 p.m. Each student gave the "inside scoop" on a particular division of the Pharmacy School. The students and their divisions were:

Susan Tart, Pharmacy Practice
Cathy Cahill, Medicinal Chemistry
Ray Burke, Pharmaceutics
Janice McKinne, Pharmacy Administration

We also discussed the regional convention to be held October 18-20, at Columbia, S.C. Hopefully, we will be sending several delegates from UNC-CH.

Further business included preliminary planning for the Diabetes Screening Clinic, the Hypertension Screening Clinic, Poison Prevention Week, and the Public Relations Committee. Persons interested in helping with these committees can contact Jennifer Price and attend the next meeting.

Before adjourning the meeting, six *PDR*'s were given away as doorprizes.

HEALTH EFFECTS OF MARIJUANA

It is no secret by now that studies are being conducted with marijuana, and one of its most active components THC, in search of clinically beneficial uses. Much research has been in the areas of reducing the intraocular pressure associated with glaucoma and controlling the nausea and vomiting associated with cancer chemotherapy. A number of groups have become involved, including the National Cancer Institute (NCI), the National Institute on Drug Abuse (NIDA), and the Research Triangle Institute (RTI).

What may be a secret to many people is that the University of North Carolina School of Pharmacy has also played an instrumental role in these projects. The Division of Pharmaceutics, under the direction of Dr. JAMES OLSEN, produces many of the dosage forms for the clinical studies, including oral THC capsules, parenteral THC preparations and THC eyedrops.

Further information on the medicinal effects of marijuana and the role UNC has in this research can be found in the September, 1979 issue of *American Pharmacy.*

IF YOU WANT TO BE A PHARMACIST, BRING MONEY

Like all other costs, the cost of getting a Pharmacy education in North Carolina is rising. The cost of tuition and fees for the two semesters of this academic year is $641.50 for a North Carolina resident, and the Office of Student Aid estimates that the minimum total two-semester cost for an unmarried Pharmacy student at UNC-CH is $3200. These costs increase by $1652 for a student who is not a North Carolina resident.

Fortunately, the financial needs of Pharmacy students are being met at this time; but, except for federal grant programs geared to the severely financially disadvantaged, most of the financial aid available to Pharmacy students is in the form of loans which carry a seven percent interest rate (payable after graduation). The total financial need of Pharmacy students this year, above the contributions made by the students and their families, will be nearly $250,000.

There are two small bright spots in the financial aid picture for Pharmacy students. One of these is the small-loan program of the Consolidated Pharmacy Loan Fund, a very worthwhile function of the North Carolina Pharmaceutical Association.

The other small but extremely useful source of aid, and one over which the School of Pharmacy has complete jurisdiction, is a program comprised of grants and scholarships which are provided annually to the School by individuals, pharmaceutical firms and pharmaceutical organizations. This academic year, the school is receiving $10,450 in such funds, and these monies are being awarded to twenty individuals for an average grant of about $525. This is a very worthwhile program, and its further expansion would be highly desirable in light of the fact that the large financial aid programs consist primarily of federal loans or loan guarantees which carry a high rate of interest.

These private-source funds have been provided to the School of Pharmacy for this academic year by the following:

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Greensboro Drug Club Women's Auxiliary
Mr. J. B. Clay, Hall's Drug Store, Oxford, NC
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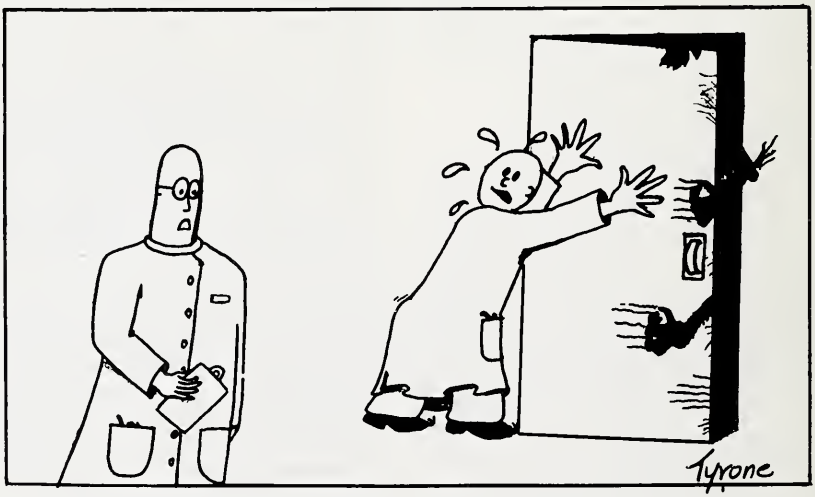
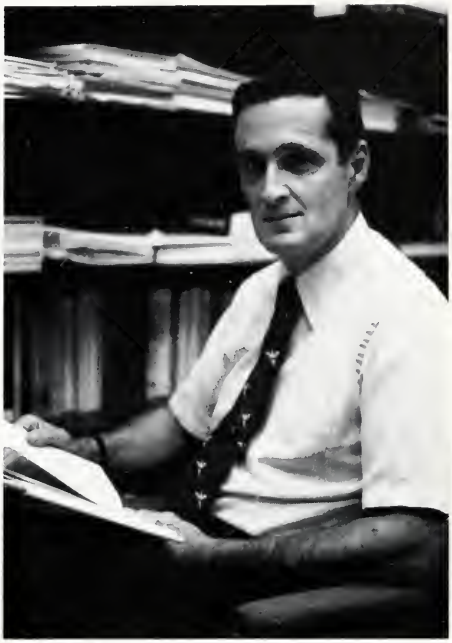


"I think we're getting somewhere with that growth hormone derivative."

COCOLAS SELECTED AS NEW AMERICAN JOURNAL OF PHARMACEUTICAL EDUCATION EDITOR



George H. Cocolas, Ph.D., Professor and Chairman, Division of Medicinal Chemistry, has been selected as the new Editor of the quarterly *American Journal of Pharmaceutical Education,* the official publication of the American Association of Colleges of Pharmacy (AACP). Dr. Cocolas assumes his new responsibilities on January 1, 1980, as the Office of the Editor moves from Dr. Marvin H. Malone, Professor of Pharmacology, University of the Pacific, to Dr. Cocolas at Chapel Hill. Both will retain their faculty positions.

Dr. Cocolas is the fifth editor in the forty-year history of the *Journal.* The first Editor and Founder of the publication was Rufus Lyman, M.D., dean of pharmacy at the University of Nebraska. The late Dr. Lyman was a driving spirit in pharmacy education for many years and is recognized by an annual award named in his honor for the most outstanding article published in the *Journal.* A student of Lyman, Dr. Melvin Gibson, followed in his footsteps. Professor Gibson is Professor of Pharmacognosy at Washington State University and is the current President of the American Association of Colleges of Pharmacy. Dr. Gibson was followed in the editorship by C. Boyd Granberg of Drake University. Editor Malone assumed the position in 1975.

The personable new Editor is a 1952 pharmacy graduate of the University of Connecticut. He continued his studies at the University of North Carolina where he was awarded the Ph.D. in 1956. After receiving the doctoral degree, he joined the National Drug Company of Philadelphia as a Senior Research Organic Chemist. In 1958, he returned to the University of North Carolina faculty and was promoted regularly through faculty ranks. He assumed the Medicinal Chemistry Chairmanship in 1975. Dr. Cocolas is a regular contributor to the scientific literature with publications in the *Journal of the American Chemical Society, Journal of Medicinal Chemistry, Journal of Pharmaceutical Sciences* and other publications.

In 1972 he was recognized as the outstanding teacher in the University of North Carolina School of Pharmacy. He is extremely active in administrative affairs, with service on several university and school committees. He is presently Chairman of the Committee on Admissions.

AACP is certainly not a new affiliation for the New Yorker-New Englander turned Tar Heel. He served on the Resolutions Committee from 1973 to 1976 and as Teachers of Chemistry Representative to the Conference of Teachers Executive Committee from 1971 to 1973. He has also served the Academy of Pharmaceutical Sciences in several positions, including the Chairmanship of the Medicinal Chemistry Section.

In addition to his outside interests of sports and gardening Dr. Cocolas has served as Choir Director of the Greek Orthodox Church in Durham for over 25 years.

Dr. Cocolas and his wife Erie, who serves as secretary to NCPhA, have four children. The eldest, Katharine, is a registered nurse; Harry is a fourth year pharmacy student here at UNC; Theadora is a freshman at the Technical Institute of Alamance, studying early childhood development; and Anthony is in elementary school.

"We're back in Session. Recognize anyone?"

Orientation of New Pharmacy Students

The School of Pharmacy initiated a two-day orientation program for the first time this fall, to prepare students for entry into the first professional year of the pharmacy curriculum.

The primary objective of the new program was to promote a positive impact on the students' perceptions, attitudes and commitment to the profession of pharmacy and to provide an outlook on the professional and educational responsibilities.

The first day of the program involved orientation to the School, its curriculum, student organizations, and briefing on the various disciplines in the school's program. Students had the opportunity to meet with Heads of Divisions and with their faculty advisors. They were also exposed to presentations by the Director of the North Carolina Board of Pharmacy and the Pharmacy Director of AHEC. Representatives from the Health Sciences Library also briefed students and invited them to tour their facility.

The second day of the program involved a panel discussion with practitioners from the various professional practice sites in the state. This was followed by small group discussions with faculty members who addressed specific questions and points of interest to the students. These small discussion groups proved to be quite stimulating and provided students the opportunity to express themselves and to communicate their ideas.

Each student completed an evaluation report of the program and its participants. The two-day meeting ended with a reception at the Institute of Pharmacy where they were hosted by the Director of the North Carolina Pharmaceutical Association and met with some members of the North Carolina Board of Pharmacy.

The Orientation Program will become a yearly event for all new students entering the pharmacy curriculum. It is anticipated the program will improve in content through the evaluation process of the student participants.

EDITOR'S OVERSIGHT

It should be noted that *all* pharmacy organizations at the School and the N. C. Pharmaceutical Association supported last month's annual Pharmacy School Hot Dog Roast.

Your nearsighted editor only gave credit to Student Branches. Oops!!

DRUG INFORMATION REPORTS

QUESTIONS RECENTLY RECEIVED:

(1) If mebendazole is a highly effective anthelmintic for pinworms, why is a dose of the drug repeated in two weeks?

Patients with *enterobius vermicularis*, or pinworm infections, generally would receive retreatment two weeks after the initial dose whether the agent employed is mebendazole, pyrantel pamoate, or pyrvinium pamoate.

A brief examination of the pinworm life cycle will explain the necessity for administration of a second dose. Pinworm infestations follow ingestion of infective eggs by the host, via contaminated hands or inhalation of airborne eggs. Two weeks are required for the eggs to develop into mature adults in the host's gastrointestinal tract.

At four weeks of age, adult females are capable of bearing eggs and nocturnally migrate to the perianal area of the host to deposit eggs. The eggs are easily dispersed into the host's environment by manipulating clothing or bed linens and can remain infective for several weeks. The viability of the eggs and their distribution into the host's environment makes reinfection likely.

The anthelmintic agents are only effective against adult pinworms. Eggs and embryos undergoing development in the gastrointestinal tract are not susceptible to the initial drug dose. A second dose is given in two weeks, a time period which should correspond with the maturation of the embryos into adult, drug susceptible, worms.

(2) What is the drug of choice for *ascaris lumbricoides*, or roundworm?

Ascaris infections can be treated with either of the following dosage regimens:

Mebendazole—100mg twice daily for three days

Pyrantel Pamoate—11mg/kg once. Maximum Dose = 1 Gram

For additional information, contact David Rudd, Division of Pharmacy Practice, UNC-CH School of Pharmacy.

KE

Kappa Epsilon (KE), a professional and service organization honored twenty-five pledges on September 13th with a covered dish supper. Pledge Class elections followed within a week. Chosen were: Pres. Melany Rogers, V. Pres. Phyllis Cawthorne, Sec.-Treas. Martha Bennett.

The pledges feel that, with their active big sisters and excellent officers, an exciting semester is in store for them.

SNPhA

The Student National Pharmaceutical Association (SNPhA, pronounced SNAFA) is a relatively new organization. Interestingly, it is open to all students in the allied health fields—not just pharmacy students. The goal of this multi-disciplinary approach is for students in the various health sciences to come together to discuss areas of common interest, and possibly to conduct cooperative projects. The central purpose of the organization, however, is to promote pharmacy.

SNPhA has been in existence for about ten years nationally, and here at UNC for three years. Its fourth election of officers is coming in early fall. The candidates are interesting and very involved in Beard Hall activities. Come to a meeting, and learn the results!

WANTED

Clinical instructor/pharmacist for Community Health Center Pharmacy, UNC School of Pharmacy and Orange Chatham Comprehensive Health Services, Inc. are in search of a pharmacist to provide pharmacy services (administrative and clinical) and student instruction in the community health center environment. Must be licensed or eligible for licensure in North Carolina. Medication assistant training and experience, postgraduate training and experience in a similar setting are desired. Appointment subject to annual renewal.

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DEATHS

JAMES E. EVANS

James Edward Evans, former owner and operator of Evans Rexall Drugs, Marion, died August 15, in a Marion hospital. A graduate of the University of South Carolina School of Pharmacy, Mr. Evans joined the NCPhA in 1935. He ran the Marion store from 1937 until it merged with Cornwell Drugs in 1972.

Mr. Evans was Secretary-Treasurer of the North Carolina Rexall Club from 1950, and was a member of the National Association of Retail Druggists. He is survived by his wife Elwyn, son William and two brothers.

JOHN A. RANZENHOFER

John A. (Jack) Ranzenhofer, Greensboro, passed away in N. C. Memorial Hospital, Chapel Hill, on Wednesday, September 21, after a period of declining health. Jack was a native of Highland Falls, N. Y. and a graduate of the UNC School of Pharmacy. He was a past president of the Guilford County Society of Pharmacists, a member of the Greensboro Drug Club and the National Association of Retail Druggists, and was owner-manager of Gate City Pharmacy until his retirement. He is survived by his wife, Marilyn Frazier Ranzenhofer, and two daughters, in addition to his mother.

CLAUDE V. TIMBERLAKE, JR.

Claude V. Timberlake, Jr., Alexandria, Va., formerly of Youngville, died Saturday, October 6 after brief hospitalization. A retired U. S. Navy Captain, Mr. Timberlake joined the staff of the National Pharmaceutical Council in 1966. While in the navy, he served as Pharmacy Advisor to the Navy Surgeon General, and as a member of the Defense Medical Material Board. Tim was well known in pharmacy, government and pharmaceutical industry circle for his work in developing pharmaceutical quality standards. On his retirement, Captain Timberlake was presented the "Andrew Craigie" Award at the 72nd Annual Meeting of the Association of Military Surgeons of the United States, for "Outstanding accomplishments in the advancement of professional pharmacy in the Federal Government." He is survived by his wife, Margaret Durfey Timberlake, five daughters, and two sisters.

GEORGE W. McLEAN

George W. McLean, Clinton, died August 26. He was a graduate of the UNC School of Pharmacy, where he was a member of Kappa Psi Fraternity. He served on the UNC School of Pharmacy Visitation Committee, the NCPhA Resolutions Committee, the NCPhA Legislative Committee, and the President's Advisory Committee. He was married to the former Miss Martha Williams.

WILLIAM H. MOSTELLER

William H. Mosteller, Albemarle, died September 4th in Stanley County Hospital. Mr. Mosteller was employed by Eckerd Drugs and was a graduate of the University of South Carolina School of Pharmacy. He is survived by his wife, Mrs. Leola Turner Mosteller, his mother, and two brothers.

MARRIAGES

Miss Vicki Louise Blackburn and David Glenn Harrison were married on September 8 in St. Mary's Chapel in Charlotte.

The bride is a graduate of the University of North Carolina School of Pharmacy at Chapel Hill class of 1975 and is presently employed by Eckerd's in Charlotte. The groom is a graduate of the University of Oklahoma Medical School and is a Cardiologist with the Nalle Clinic in Charlotte.

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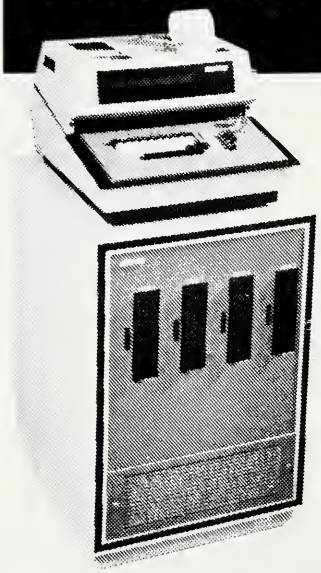

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George Williams and party ascending the Blumlisalphorn, Switzerland. Photo by Jim Liptak. (See story on page 7)

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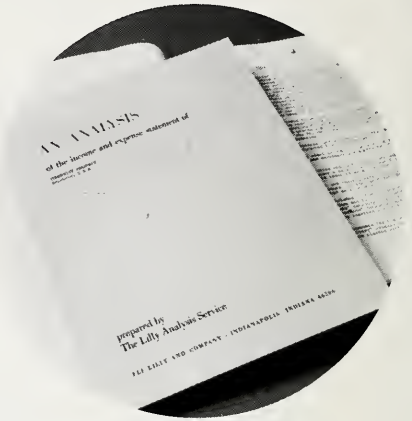

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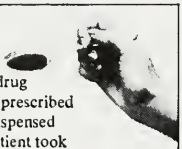

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Alpha-hemolytic streptococci (viridans group)—Short-term prophylaxis of bacterial endocarditis prior to dental or other operative procedures in patients with a history of rheumatic fever or congenital heart disease who are hypersensitive to penicillin.

S. aureus—Acute infections of skin and soft tissue of mild to moderate severity. Resistant organisms may emerge during treatment.

S. pneumoniae (D. pneumoniae)—Upper and lower respiratory tract infections of mild to moderate degree.

M. pneumoniae — For respiratory infections due to this organism.

Hemophilus influenzae: For upper respiratory tract infections of mild to moderate severity when used concomitantly with adequate doses of sulfonamides. Not all strains of this organism are susceptible at the erythromycin concentrations ordinarily achieved (see appropriate sulfonamide labeling for prescribing information).

Treponema pallidum—As an alternate treatment in patients allergic to penicillin.

C. diphtheriae and C. minutissimum—As an adjunct to antitoxin. In the treatment of erythrasma.

Entamoeba histolytica—In the treatment of intestinal amebiasis.

L. monocytogenes—Infections due to this organism.

Establish susceptibility of pathogens to erythromycin, particularly when *S. aureus* is isolated.

Contraindications:

Known hypersensitivity to erythromycin.

Warnings:

Safety for use in pregnancy has not been established.

Precautions:

Exercise caution in administering to patients with impaired hepatic function. During prolonged or repeated therapy, there is a possibility of overgrowth of nonsusceptible bacteria or fungi. Surgical procedures should be performed when indicated.

Adverse Reactions:

Dose-related abdominal cramping and discomfort. Nausea, vomiting, and diarrhea infrequently occur. Mild allergic reactions such as urticaria and other skin rashes may occur. Serious allergic reactions, including anaphylaxis, have been reported.

8013236

NCPRF Board of Directors, left to right: First row—Dean Tom S. Miya, John Hood, Jimmy Creech, Banks Kerr, Ralph Rogers, Harold Day; Second row—Charles Blanton, Herman Lynch, Micky Whitehead, Bob Hall, Milton Whaley, Ed Fuller; Third row—E. A. Brecht, Wade Gilliam, David Claytor, Tom Boone, Sara Hackney, Hoy Moose, Marion Edmonds.

NCPRF MEETS

The Board of Directors of the North Carolina Pharmaceutical Research Foundation met for their thirty-third Annual Meeting on Wednesday, September 26. The morning session generally indicated a situation in which the most notable ongoing deficiency is inadequate budgeting. Despite this constraint, the School has made significant contributions in the areas of teaching, research and service. A luncheon meeting was held at the Carolina Inn with spouses of Directors and other guests attending. Notable among the guests was Vice Chancellor for Health Affairs, Dr. Christopher Fordham. The afternoon business meeting was convened by President Ralph Rogers at the Institute of Pharmacy. New Directors and Directors-Elect were recognized. Secretary Tom S. Miya presented the results of the fund drive for the year 1978-79, and the budget for 1979-80. The auditor's report for 1978-79 was presented and accepted as given. The meeting adjourned at 4:15 p.m.

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Pharmacist-Scoutmaster Tours Central Europe

By George Williams

This year's trek originated with Bill McCleery (Associate Director, International Division) of the National Boy Scout Office as an Explorer Friendship Tour. I was appointed by the International Committee to lead the journey and accomplish the objectives of group organization, administration and liaison. My selection was based on East Carolina Council recommendations, knowledge of central Europe, ability to speak German and seven years in the scouting movement as an Eagle Scout, Order of the Arrow member, Assistant Scoutmaster and Scoutmaster of Troop 30 of Jarvis Memorial Church in Greenville.

Nancy Weincoff, the National Explorer President, of Charlotte, was the female chaperone and did an excellent job handling base-camp logistics in Kandersteg. Nancy remained at Kandersteg and became an official member of the working staff.

Bob Davis, Southeast Regional Explorer Chairman from Mobile, Alabama made four climbs with me the first week and provided me with invaluable information on Explorer Post organization and operation.

The twenty days in-country were arranged in three segments; nine days at Kandersteg, five days touring the major Alpine cities and six days in private homes in the Grand Duchy of Luxembourg.

The cost for the trip was $1200.00. This cost was very economical considering it took place in the most expensive regions of Europe and the Scouts participated in a significant function almost every day.

Kandersteg is a Swiss town in the Bernese Alps southwest of Interlaken. In Kandersteg is an international Boy Scout Reservation *(Pfadfinder Zentrum)* serving as a base-camp for Scouts who wish to travel the surrounding area. While we were there, the *Pfadfinder Zentrum* was occupied by Americans, English, Scottish, Irish, Italians, Swiss, Germans, Austrians, French and others. It is not necessary that entire troops go to Kandersteg. Scouts may go in two's and three's or even by themselves if they wish.

The American group consisted of twelve Scouts, five males and seven females when we added Loree Lawson and Mary Greely; US military of Frankfurt, West Germany.

I knew that a group that size would present an array of physical and mental capabilities, therefore I created two operational units. The "high" group would always take the more difficult climbs and longer treks while the "low" group consisted of the "walking wounded" and those who needed less strenuous work. Scouts could switch from group to group when desired.

The division worked well on the first climb. On the second climb we had to go together. It was a steep four-hour tramp through a cold drizzle. Spirits were good as we sloshed up narrow mountain paths confronted by unmoving cows who jangled their bells shaking off clouds of spray as we squeezed by. We were startled as snorting mountain goats darted across our paths and vanished into the clouds. We and six Austrian girls found our objective—a mountainside cheesery where a single family made special cheese for the entire region.

The next morning much of the group nursed large blisters, coughs and sniffles. That second climb earned the sobriquet "Day of the Cruel Shoes."

Nancy took the "low" group because she needed to be near the base-camp for food arrangements and I took the "high" group as administrative duties gave me a more flexible schedule.

On July the fourth, the "low" group went to Zermatt and the base of the Matterhorn. The "high" group went to Grindelwald, through the face of the Eiger (The Eiger Sanction, 3970 meters, 13, 026 feet) to the Jungfraujoch where we went skiing and hiked through the snow for several hours. When the clouds cleared away the sun was scorching and we stripped to our T-shirts. We were burned and spent the next few days peeling and splotched.

That night we reached camp at 2100 hours. The low group had decorated the chalet with toilet paper streamers and American flags. A huge fire roared in the stone fireplace and the benches were crowded with Scouts of all nationalities. It was the Fourth of July and Kandersteg expected something big from the Americans. They got it! I MC'd for an hour until the party achieved a life of its own. The only song everyone seemed to know—that had "America" in it—was "American Pie." So, in lieu of the National Anthem, a guitar player from Holland and a dozen nationalities belted out, "Bye, bye, Miss American Pie . . . Drove my Chevy to the levy, but the levy was dry . . . and good ol' boys drinkin' whiskey and rye. . . ."

Maybe it was fate; I think it was the En-

(Continued on Page 9)

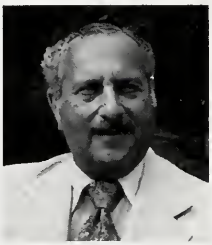
Our best friends are our severest critics and our greatest assets.

Meet our 1979 Pharmacy Consultant Panel.

Donald A. Dee, R.Ph., Exec. Sec., Minnesota Pharmaceutical Assoc. Minneapolis, Minnesota

Benjamin F. Cooper, Ph.D., Dean, School of Pharmacy Auburn University, Auburn, Ala.

Nelson E. Taylor, R.Ph. Community Pharmacist Nampa, Idaho



Arthur Koorhan, R.Ph., Div. V.P., Pharmacy Operations, Cunningham Drug Stores, Detroit, Michigan

David Zilz, R.Ph., Dir. Pharmacy and Central Service, University of Wisconsin Hospitals Madison, Wisconsin

Don W. Arthur, R.Ph. Community Pharmacist Buffalo, New York

Marianne Ivey, R.Ph. Clinical Pharmacist University of Washington Hospitals Seattle, Washington

Milton H. Miller, R.Ph. President, Petty Drug Company, Inc. Little Rock, Arkansas

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Their views on professional and other pertinent matters are invaluable.

Their advice and counsel helps us serve you better in the expanding role of pharmacy.

Gary Thudium, R.Ph. Community Pharmacist Vinton, Iowa

Fred M. Eckel, R.Ph., Assoc. Professor of Hospital Pharmacy Chapel Hill, N.C.

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PHARMACIST-SCOUTMASTER CONT.

glish. But somehow the Americans were assigned to cut and haul trees the morning of the fifth. But this was the point where the group really came together in spirit. Without orders of coaxing the Americans filed through the woods with gloves and axes, pulling the log cart its metal wheels screeching brightly. This was a demonstration of what I feel to be the essence of American spirit. The ability to be diverse and independent on one hand and show strong teamwork and love for each other when the necessity arises.

The next evening the low group climbed to the Frundenhut (2562 meters) and the high group struggled through the snow to the Bluemlisalphut (2837 meters). For the high group the climb was very tiring. We drank hot tea, some wurst and *lager'd in* before it was dark from our view atop the mountain.

We left Kandersteg on the 8th of July and began a familiarization trip through the alpine region. Urban stops included Zurich, Munich, Innsbruck, St. Moritz and Lucern. Each stop included an inner city tour, then the Scouts were placed on their own. It is my policy that capable Scouts be given maximum freedom.

At the beginning of the third week we trained from Lucern through Colmar, Strasbourg and Metz, France and into Luxembourg City the capital of the Grand Duchy of Luxembourg where we met our host families in an immaculate sub-division, Houwald. Like Fagan's London orphans, we contracted together on a wooden bench in the Houwald scout hut as we were parceled out to smiling families one by one.

As the *old* Scoutmaster, I was not considered "hot" property and eventually went by default to Frau Victor and Claude in the nearby town of Fentange. Herr Eicher made the assignments and they turned out to be excellent.

That same afternoon, Claude Victor and I rode with John Forette, his cousin, to the American cemetery near the Luxembourg airfield. There were acres of white crosses over Americans who never came home. One cross, standing alone, but no different from the rest, read, "George S. Patton, General." It was the other crosses that bore his epitaph. From the greatest US Army battle of World War II the crosses were inscribed with soldiers' names who died in December, 1944. The 101st Airborne Division, the 82nd Airborne Division, the 1st Infantry, the 30th Infantry Division, the 3rd Army; it was the Battle of the Bulge.

That evening I contacted the families by telephone and the next morning an equal number of Americans and Luxembourgers trained north to Vianden near the southern edge of the Bulge offensive. We hiked from Vianden twenty-five kilometers through the Ardennes in the direction of Bastogne. We trained south from Kautenbach and motored north to Bastogne the next day. We visited an excellent museum at Bastogne overlooking the battlefield, then went to Clervaux where a solitary Sherman tank, barrel raised, still glowers toward the Rhine.

On our last day in Luxembourg we bussed south to the Moselle River at Remich. We began our daily hike north along the river bank then up through the grapevines combing the hills between Luxembourg and West Germany. We ate cheese, wurst and rye bread for lunch and fell asleep on the river bank. Too late to make Gravemacher, we bussed from Wormeldange back to the city.

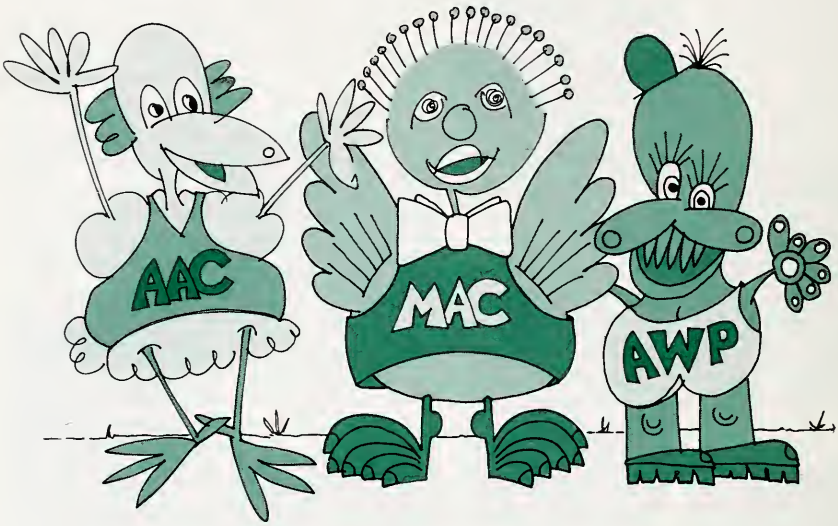
Herr Heinen roasted wurst and hamburger over a large grill that evening while the families stocked the picnic tables with Moselle wine, beer, cola, large loaves of bread and several desserts. Later, the Scouts set up a disco center in the scout hut. As the families joined in, the dance floor presented a curious blend of foxtrot, waltz and cuddle turn.

The next day at noon, the families followed us through the passenger tunnel onto the *bahnsteig* and into the train only departing when the electricity cracked overhead and the train slipped from the station. It was a genuinely warm farewell from people who were concerned for our happiness, above their own.

That night at the Limmathof Hotel in Zurich, I opened the door to my room, sat at the desk, and began writing my summary to the International Committee. The scouts drifted in to say good-bye, to talk about the trip and what they *would have* done, and what they *would* do. They asked me to the group party in the guys' room. I said, no. Last night parties always turn sad.

We passed through customs in JFK the next night, then stood there looking at each other as we heaped our packs together for the last time. The tears started, the parents crowded in, and minutes later they had disappeared into the crowd. I shrank with sadness, like the old sergeant watching his *boots* go off to the "big one." Then I hoisted my own pack and headed south.

Don't let these "bugaboos" confuse you.



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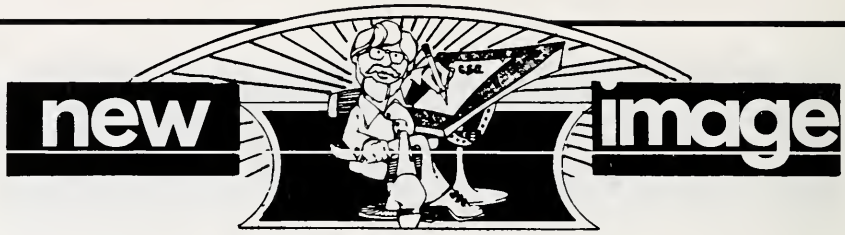

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1) Elevate head at night for easier breathing; 2) Sleep with small pillow to support back and to serve as a "ramp" between head and waist to aid easier ventilation. 3) use a harder cushion for your pillow to prevent head sinking into soft pillow and overheating; 4) Walk to improve respiration; 5) Sooth itching eyelids with wet washcloth, ice cube, or even the frosty rim of a glass or bottle containing a cold drink.

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1. Pay 90% of all CLEAN claims within 30 days of the date of receipt, and;
2. Pay 99% of all CLEAN claims within 90 days of the date of receipt, and;
3. Require providers to submit claims within 12 months of date of service, and the agency must pay ALL claims other than those falling under the 30- and 90-day requirements, within 12 months of date of receipt. This applies to both clean and unclean claims.

The regulations define a CLEAN claim as "one that can be processed without obtaining additional information from the provider of the service or from a third party. It includes a claim with errors originating in a state's claim system." It now seems that all claims rejected because the computers have inaccurate NDC numbers must be considered CLEAN claims. This also will apply to those instances where local Medicaid offices issue temporary eligibility cards to recipients who then obtain service, but the state has delays in updating the system. Claims rejected because of "eligibility" will have to be considered "CLEAN" claims.

The regulations define the date of receipt of the claim as the date stamped on the claim by the Computer Company.

The date of payment is defined as the date on the check, not the day it is received by the provider.

COLLECT NOW TO BEAT WINTER ENERGY CRUNCH

St. Paul, Minnesota . . . With the consumer debt climbing to new all-time highs and fuel costs for both homes and automobiles threatening to take a bigger than ever bite out of household budgets this winter, now is the time for creditors to clear their books of uncollected receivables.

Past-due bills will not become any easier to collect as the economy and personal finances weaken. And, when faced with a choice between paying the heating bill or an already delinquent account, most overextended consumers will opt for the former.

To secure the money due them, creditors are advised to keep a fixed eye on their receivables throughout the coming months. I. C. System recommends that members using their association-approved collection service submit any currently outstanding accounts at once and turn over subsequent delinquencies as soon as they become sixty days past due.

A sound collection procedure at any time, this practice assumes added importance in view of the predicted downslide. Creditors who act on delinquencies promptly stand the best chance of recovering their money before winter sets in and tightens its availability.

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ADI is the insurance company recommended by the North Carolina Pharmaceutical Association.

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30 East Central Parkway, Cincinnati, Ohio 45202

CHARLOTTE WOMAN'S PHARMACEUTICAL AUXILIARY

The Charlotte Woman's Pharmaceutical Auxiliary met Tuesday, October 9 for a luncheon at the Park Road YWCA. Mrs. Mary Lou Davis, president, presided.

Mr. William Sawyer, pharmacy director for Charlotte Area Health Education Center spoke on "The Role of the Pharmacist in Today's Society."

KERNERSVILLE

Pinnix Drug store in Kernersville is celebrating its 75th anniversary this month. The store was opened in 1904 by John M. Pinnix Sr. and has been operated in the same location and by the Pinnix family continuously for 75 years. In 1957, the one millionth prescription was filled and we are well on our way to two million.

In the past 75 years the store has been passed on from John M. Pinnix Sr. to his two sons, John M. Pinnix Jr. and Joe L. Pinnix and from them to John M. Pinnix, III and Joe L. Pinnix, Jr.

HARNETT COUNTY

The Harnett County pharmacists were well informed about qualifications and duties of Physicians Assistants Monday night, September 24th, at their regular bi-monthly meeting. Neil McPhail, President, called the meeting to order following the meal at Heath's Steak House, and the few items of business were discussed briefly. It was decided that the annual cookout would be held in October, on a date to be announced later. The speaker, William D. Long, P.A., was introduced by Larry Thomas, Program Chairman. Mr. Long gave an interesting and informative talk, which was followed by a question and answer session.

Those attending were Caul Jernigan, Kim Allen, Herman Medlin, Larry Thomas, J. I. Thomas, Herman Lynch, Ernestine Lynch, and Byron Johnson from Dunn; I. J. Pruitt from Angier; Bill Lanier and Dave Gowarty from Erwin; and Neil McPhail, Flemming Lovette, and Edith Ann Caviness from Lillington.

Edith Ann Caviness
Sec.-Treas.

BUNCOMBE COUNTY

The Buncombe County Pharmaceutical Society met October 28, 1979 at the Sheraton Motor Inn.

A good sized, enthusiastic group was on hand to hear a presentation by Joe Miller of Boone, President of the NCPhA. The subject was the "Product Selection Law" which takes effect January 1, 1980. The talk, and the discussion that followed were of real interest to the group.

At the short business meeting that followed, active interest was shown to form a committee to nominate new officers and move on to a more active Society in 1980.

Submitted by Henry Shigley

GUILFORD COUNTY

The Guilford County Society of pharmacists met in the Thompson Auditorium at Wesley Long Hospital on Wednesday, October 10, to hear Dr. John Krege, Greensboro orthopedic surgeon, discuss the developments of and current techniques used in total joint replacement in hip surgery. Dr. Krege' detailed the advantages of "clean air room" operating facilities over conventional OR's in reducing infections contracted during surgery, and demonstrated some of the materials now being used in joint replacement.

During the business session following the program, the Society's lagging attendance problem was discussed and some possible reasons for and solutions to this situation were suggested. It was decided to send a letter to all pharmacists in the area and follow up with an aggressive telephone campaign to see if we can generate some interest. A committee was appointed to draft the letter and have it ready to send by October 18.

It was moved and passed that the Society make $50 donations to the American Cancer Society in memory of Jack Razenhoffer, and to the American Diabetes Association.

There being no further business, the meeting was adjourned.

Respectfully submitted,

J. Frank Burton
Secretary-Treasurer

NEW PHARMACISTS

Congratulations to those pharmacists listed below who successfully passed the NC Board of Pharmacy Examination September 1979.

Robert Lee Abrams, *Boiling Springs*
Lucy Lawrence Allen, *Chapel Hill*
Gregory Lynn Barrier, *Salisbury*
Jane Barrow Boone, *Raleigh*
Christopher Lee Bowen, *Beaufort*
James Thomas Brown, *Rocky Mount*
Laura Leigh Brown, *Shelby*
Michael Eugene Bunch, *Windsor*
Elizabeth Susan Burgess, *Morehead City*
Stephen Anthony Burrus, *Canton*
Charles Boyd Busby, *Shelby*
Edwin Reid Costner, *Kings Mountain*
April Barnes Davis, *Raleigh*
Blenda Kay Elledge, *Lincolnton*
Karen Louise Englebert, *Troutman*
Dennis Paige Faircloth, *Reidsville*
Ozie Trevor Faison, Jr., *New Bern*
Jeff Carver Fitzgerald, *Roxboro*
Ronald Barry Forrester, *Chapel Hill*
Susan Norwood Fowler, *Salisbury*
Leesa Dianne Furniss, *Asheville*
Charise Lowery Gantt, *Coats*
Jacquelyn Clem Green, *Carrboro*
Allen Earl Greene, *Eden*
Donna Lee Gutterman, *Durham*
Alton Dale Hardy, *Tarboro*
David Lee Helton, *Greensboro*
David Lawrence Hughes, *Tabor City*
Margaret Panella Huguenard, *Durham*
Michael Anthony Ingram, *Chapel Hill*
Molly Preston Ingram, *Durham*
Pamela Lynn James, *Rocky Mount*
Shelby Marie Johnson, *Wilkesboro*
Charles Thomas Jurney, *Statesville*
Robert Joseph Keller, *Winter Haven, Florida*
Earl Wendell Key, Jr., *Rockingham*
Julia Scott Lane, *Warsaw*
Kyle Thomson Lewis, *Charlotte*
Cathryn Mary Lott, *Baltimore, Md.*
Wanda Lynn Lovette, *Greensboro*
Constance McCormick McCleary, *Winston-Salem*
Karen Lynn McClure, *Gastonia*
Steven Arnold McLean, *Forest City*
Janice McPhail Moon, *Raleigh*
Robert Teague Morgan, *Roxboro*
David James Neal, *Kernersville*
Jam Kimsey Neal, *Asheville*
Robert Nemargut, *Greensboro*
John Worth Newman, Jr., *Hallsboro*
Karen Rae O'Malley, *Cleveland, TN*
Sharon Denise Page, *Salisbury*
Richard Allen Perkins, *Laurinburg*
Billy Lee Price, Jr., *Conover*
Tanya Moore Reid, *Granite Falls*
Alfred Ray Rogers, *Elkin*
Leslie Sanderson, Jr., *Maxton*
Susan Elaine Schenck, *Rockville, Md.*
James Richard Sessions, Jr., *Whiteville*
Morris Shear, *Woodland*
Barbara Ellen Shipp, *Durham*
Leon Jackson Smith, *Raleigh*
Gregory Lee Southern, *Walnut Cove*
Grace Chu Starnes, *Valdese*
Barbara Martin Stone, *Chapel Hill*
Mitchell Stephen Taylor, *Conway*
Michael David Thorn, *Chapel Hill*
Deborah Ann Tiddy, *Chapel Hill*
Charles Andrew Tingen, *Chapel Hill*

"Service in Wholesale Quantities

Judith Ann Watson, *Charlotte*
Robert Bowman Watts, *Chapel Hill*
Kathy Park Webster, *Concord*
Fred Lee White, Jr., *Charlotte*
Robin Jeanette White, *Hickory*
Michael Sugg Woodard, *Chapel Hill*
William Johnny Yaughn, Jr., *Durham*
Charles Leslie Yelverton, *Charlotte*

EQUAL RIGHTS OR WHATEVER

The Woonsocket, RI, city council has ruled that the steel-covered plates in the city's streets must be called "personholes.". . .

In Missoula, MO., a "peeping tom" ordinance has had to be retitled "peeping person." . . .

Department of HEW, discovering that Bellevue, WA, schools were spanking more boys than girls for disciplinary reasons, issued an edict requiring paddling for equal numbers of boys and girls, or loose $1 million in Federal Aid.

ANSWERS

Test Your Knowledge

1. (5) A Urised® tablet contains 5.4 mg of methylene blue which may cause a blue discoloration of the urine.
2. (3) 5¼% discount of $15.00 = $.79
   $15.00 − .79 = $14.21; $14.21 × 2% = .28
   5¼% discount = $.79
   2% discount = $.28

   Total discount $1.07; $15.00 − $1.07 − $13.93 ÷ 5 = $2.79 per unit

   $$\frac{\$2.79}{\$4.29} = 65\% \text{ cost of each unit sold.}$$

   Therefore, the profit is 35%.
3. (3) Applied therapeutics for clinical pharmacists, 2nd ed., page 894. The clearance of phenobarbital is much greater in an alkaline urine than in acid urine. To be reabsorbed, phenobarbital, a weak acid, must remain in the unionized form. Sodium bicarbonate increases the pH and thus puts the phenobarbital in an ionized form and it cannot be reabsorbed.
4. (5) Goodman and Gilman: "Pharmacological Basis of Therapeutics," 5th ed., page 1002. Soap is anionic and will inactivate the cationic benzalkonium chloride.
5. (3) A basis in law is found in the North Carolina Controlled Substances Act, 90-87, 23 (a) under the definition of prescription. Also in the editor's note below the section on page 23 of the pharmacy laws, it cites several instances of court cases involving "within the normal course of professional practice. . . ."

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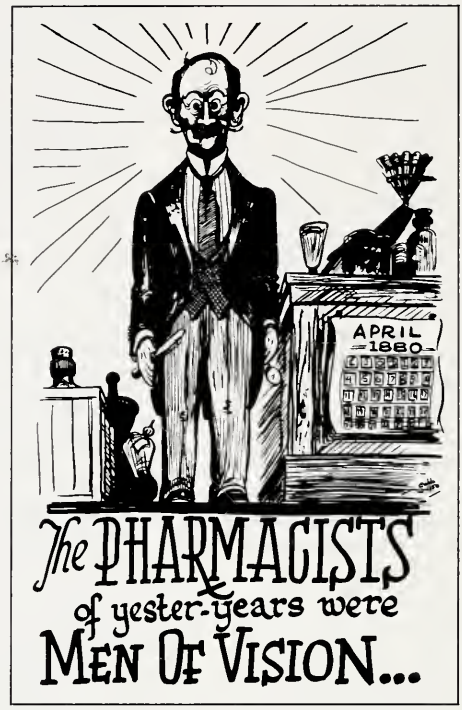

THE NCPhA YEAR
of the
CENTENNIAL

1980 marks the 100th Anniversary of the founding of the North Carolina Pharmaceutical Association!

While official celebrations will start with the 1980 Convention at Raleigh in April, the entire year will be dedicated to a remembrance of those far-sighted men who organized Pharmacy in the State in 1880—and to those pharmacists who have, in succeeding years, developed and continued their high professional ideals.

Read the next three pages—and then lend your efforts to the 1980 Celebrations by participating in at least the following two Centennial Preparatory Projects.

Note: Above drawing by the late J. Louis Cobb of High Point; from the Archives of the N. C. Institute of Pharmacy, Chapel Hill.

ANNOUNCING

A CENTENNIAL POSTER CONTEST

We urge you to participate in the "NCPhA Year of the Centennial" by expressing your ideas in a poster, to be displayed at the 1980 Raleigh Convention.

J. Louis Cobb's "poster" (on preceding page) was rendered sometime in the 1940's. Perhaps your poster will not only win a cash prize but will also find its permanent place in the Archives of the North Carolina Pharmaceutical Association.

RULES

1. Posters should be 14" wide by 22" deep (half sheet of poster cardboard).

2. Competition open to any member of the NCPhA, the TMA, or the Woman's Auxiliary, or a member of the immediate family (must be original work). If the contestant is under 18 years of age, please list age on back of poster.

3. All entries must be received at the NCPhA headquarters, the N. C. Institute of Pharmacy, PO Box 151, Chapel Hill, N. C. 27514, not later than Feb. 1, 1980. Entries will be judged on or immediately following that date.

4. Judging will be based on pertinence of subject matter (including caption), clarity, neatness, and practicality for display at convention.

5. All entries become the property of the NCPhA and cannot be returned to entrants.

6. Prizes: First, $100; Second, $50; Third, $50, all to be awarded at 1980 Raleigh Convention.

7. Use this Entry Form.

POSTER ENTRY BLANK

To: Centennial Historical Committee
N. C. Pharmaceutical Association
PO Box 151, Chapel Hill, NC 27514

I expect to prepare a roster relevant to the "Year of the NCPhA Centennial" and will have it in your office for judging by February 1, 1980. It is my understanding that posters will be on display at the April 13-15 NCPhA Convention in Raleigh, and cannot be returned.

Name _____

Mailing Address _____

_____

HE LEFT TOWN OWING YOU MONEY.

NOW WHAT?

When anyone does business with you and fails to pay, it's tough to collect. But when he moves out of state, it's next to impossible. Why run up your phone bill? Call on I.C. System — a nationwide collection service, approved by over 800 associations, including yours. Whether your debtor has moved across town or across the nation, let I.C. cover the extra miles for you. Mail this coupon today and learn how far . . .

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North Carolina Pharmaceutical Association
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Chapel Hill, North Carolina 27514

Name _____

Address _____

City _____

State _____ Zip _____

Signature _____

HELP WITH THIS RESEARCH PROJECT

According to the printed proceedings of the 1880 organizing sessions, the following were charter members of the North Carolina Pharmaceutical Association.

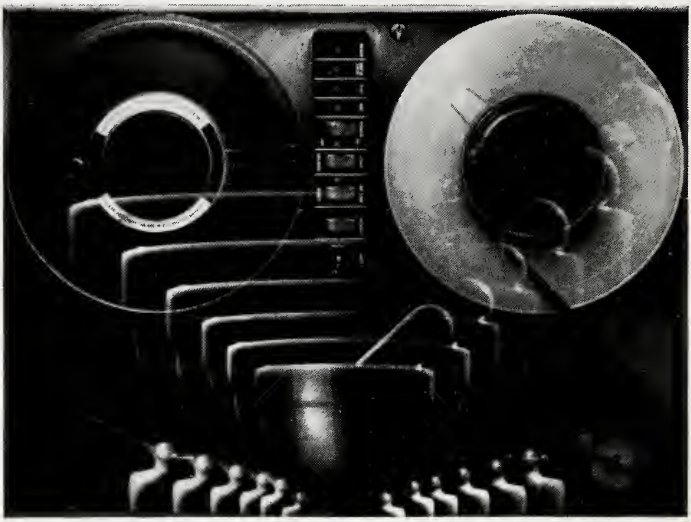
IF YOU HAVE OR CAN OBTAIN ANY INFORMATION ABOUT THESE MEN, especially about descendants who are now in the practice of Pharmacy, please forward to the Centennial Historical Committee, NCPhA, PO Box 151, Chapel Hill, NC 27514. A Centennial Program planned for distribution at the Convention will carry this data if there is sufficient interest in supplying this requested information.

ROLL OF MEMBERS—1880

Abernethy, T. R., Newton
Adams, D. L., Raleigh
Ashcraft, H. C., Monroe
Baker, Julian M., Tarboro
Barden, J. J., Fremont
Berry, Richard, New Bern
Berryman, J. W., Jonesboro
Bickett, Thomas W., Monroe
Biggs, S. R., Williamston
Bobbitt, Will H., Raleigh
Bogart, D. N., Washington
Bow, Wm, Fayetteville
Broadfoot, T. W., Fayetteville
Brown, C. M., Washington
Carmichael, W. C., Asheville
Carr, A. G., Durham
Cobb, W. H. H., Goldsboro
Covington, F. P., Wadesboro
Covington, T., Wadesboro
Croom, J. D., Shoe Heel
Dalton, R. F., High Point
Davidson, J. S. M., Charlotte
DeVault, C. W., Asheville
Dorsey, Melville, Franklinton
Duffy, F. S., New Bern
Duffy, R. N., New Bern
Ellis, D. S., Garysburg
Fuller, F. T., Raleigh
Furman, W. H., Jr., Louisburg
Gallagher, Charles K., Washington
Gallagher, F., Washington
Gallagher, James M., Washington
Graves, G. C., Carthage
Green, C. C., Trenton
Green, William H., Wilmington
Grimes, A. L., Thomasville
Grissom, Eugene, Raleigh
Hancock, F. W., Oxford
Hand, W. E., Charlotte
Hanks, John B., Wilmington
Hardin, John H., Wilmington
Hargrave, W. W., Wilson
Harris, T. W., Chapel Hill
Harty, E. R., Charlotte
Heartt, F. H., Raleigh
Henry, T. A., New Bern
Hill, John H., Goldsboro
Hill, Thomas B., Goldsboro
Hinsdale, S. J., Fayetteville
Hood, J. C., Smithfield
Hood, T. R., Smithfield
Hooper, Henry DeB., Edenton
Horne, H. R., Fayetteville
Hunter, F. P., Littleton
Johnson, Jas. I., Raleigh
Johnson, R. M., Scotland Neck
King, R. E., Warrenton
Kline, Jacob, Raleigh
Lee, A. S., Raleigh
Lodge, Wm A., Raleigh
Lorbacher, P. P., Raleigh
Lucus, J. W., Wilson
McDonald, H. M., LaGrange
McIlhenny, Jno. K., Wilmington
McMillan, J. L., Dora, Robeson Co.
McRae, John Y., Raleigh
Mace, F. Borden, Beaufort
Mace, T. E., New Bern
Mace, U. S., New Bern
Martin, S. R. W., Winston
Meadows, E. H., New Bern
Miller, Fred C., Wilmington
Moye, M. T., Wilson
Munds, James C., Wilmington
Munds, J. Dickson, Wilmington

(Concluded on Page 23)

LOOK WHAT'S BECOME OF THE MORTAR AND PESTLE.



It's where pharmacy is today. And tomorrow's pharmacists are learning about it right now.

Change is constant in the pharmaceutical industry. New classes of drugs are being developed. Computer technology is expanding horizons from research to drug synthesis to final manufacture. New precision equipment is helping to produce consistently reliable products. New marketing techniques are evolving. And new government regulations are being proposed which could affect the way pharmacy is practiced.

These changes are taking place at a rapid pace—so rapid, in fact, that the Pharmaceutical Manufacturers Association has created a unique educational program to help keep pharmacy school faculty, students and practicing pharmacists aware of current industry practices.

THE PMA PHARMACY FACULTY PROGRAM. REACHING THE PROFESSION THROUGH THE PHARMACY PROFESSOR.

Now in its fourth year, the PMA Pharmacy Faculty Program is an invitation to educators to see firsthand what's going on in the pharmaceutical industry. Participants in the program spend two weeks at the facilities of a major pharmaceutical firm, taking part in a series of daily conferences with its scientists and executives. During this time, they get an overview of industry, technology and approaches associated with research and development, marketing and distribution, production and quality control.

These faculty members can then bring back the knowledge gained to their students in the classroom, and to you, the practicing pharmacist, in continuing education programs.

The PMA Pharmacy Faculty Program. It's one of the things we're doing to help keep the profession up to date on industry operations.

For more information write to PMA, attention: Dr. John S. Ruggiero.

PMA

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PHARMACEUTICAL MANUFACTURERS ASSOCIATION/1155 FIFTEENTH STREET, N.W./WASHINGTON, D.C. 20005

NCPhA CHARTER MEMBERS

(Continued from Page 3)

Munds, J. T., Wilmington
Munds, W. C., Wilmington
Nadal, E. M., Wilson
Noble, R. J., Selma
Nutt, J. D., Laurinburg
O'Neil, J. W., Clayton
Peacock, J. R., Wilson
Pescud, John S., Raleigh
Porter, W. C., Greensboro
Prior, Jackson L., Fayetteville
Richardson, L., Selma
Robertson, J. B., Clayton
Rowland, A. W., Wilson
Sedberry, B. E., Fayetteville
Shannon, Henry C., Goldsboro
Sheets, James A., Wilmington
Sherrill, W. L., Dallas
Simmons, B. T., Halifax
Simpson, Wm, Raleigh
Smith, Samuel H., Winston
Smith, S. O., Charlotte
Smith, T. C., Charlotte
Stedman, J. P., Raleigh
Stevens, John H., Monroe
Stimson, Logan, Statesville
Thomas, W. G., Raleigh
Thompson, V. O., Winston
Thorp, A. P., Rocky Mount
Thorp, F. J., Rocky Mount
Tunstall, N. R., Statesville
Turner, G. W., Lillington
Vaughan, P. W., Durham
Waldo, S. P., Cary
Watson, H. P., Lexington
Williams, J. M., Raleigh
Williams, John R., Raleigh
Williams, Robert I., Raleigh
Williams, W. N., Fayetteville
Wriston, L. R., Charlotte
Young, J. R., Henderson
Zoeller, E. V., Tarboro
Zollicoffer, A. R., Weldon

PPI PROPOSED—NCPhA RESPONSE

Hearing Clerk (HFA-305)
Food and Drug Administration
Room 4-65
5600 Fishers Lane
Rockville, Maryland 29857

RE: Docket 79N-0186, "Prescription Drug Products, Patient Labeling Requirements."

COMMENTS:

The North Carolina Pharmaceutical Association is opposed to the implementation of this proposed regulation. We believe this proposal to be illegal, cost-ineffective and a serious, bureaucratic intrusion into the professional prerogatives of pharmacy and medicine. The concept of patient information and education has no stronger advocate than the North Carolina Pharmaceutical Association, but a fiat involving mandated pieces of paper as a substitute for physician-pharmacist-patient interaction is not acceptable.

EXPOSITION:

Legality

The authority of the Food and Drug Administration to require Patient Package Inserts (PPIs) is fragile at best. Traditionally, the FDA has concerned itself with patient labeling for Over-the-Counter preparations and with practitioner labeling for prescription drug products. The North Carolina Pharmaceutical Association takes issue with the statement, "FDA has now determined that new information demonstrates that for the safe and effective use of prescription drug products more information about these products must also be provided to patients." There is no evidence that this is true. To propose a program which will cost at least ninety million dollars a year when fully implemented, and has no proof of effectiveness, and may be rejected by the courts, is out of tune with responsible government.

Cost

The Economic Impact Study admits to a cost of ninety million dollars yearly, with serious deficiences in addressing all potential expenses. For example, the cost of enforcement is not included; the cost of delivering the insert to the patient is grossly inadequate—the pharmacist will handle the paper, not a $4.00/hr. clerk; the true cost of storing and retrieving the inserts is not presented. The most glaring omission from the cost study is the increased number of hospitalizations or repeat visits to the prescribers' office due to patient refusal to take prescribed drug products after reading the patient inserts.

Admitted costs indicate that each prescription will increase by six cents due to this regulation. From other, more complete, cost studies, it would appear that each prescription will increase by up to fifty cents. Perhaps FDA does not care about increasing the cost of health care, but the North Carolina Pharmaceutical Association and the pharmacy patients of North Carolina care. Another unaddressed cost is the reduction in productivity of prescribers and pharmacists, due to repeat calls from patients who are unsure about the cautions, dosages, and indications listed in the patient insert. No one seriously believes that this will not occur.

Still another cost not mentioned in the Impact Study is the expense which will be incurred by manufacturers and wholesalers in storage and distribution of the inserts. To package additional inserts with each stock package will require expensive new machinery or increased hand packing. Wholesalers will, because of increased package size, require more warehouse space and perhaps redesign shelf arrangements.

Patient Acceptance

Patients now receive inserts with two classes of drugs—oral contraceptives and estrogens—and no study now completed indicates an improvement in health care because of PPIs, but oral contraceptives have increased in price over two hundred and fifty percent since patient labeling was included. Since regulations affecting oral contraceptives appeared in mid 1970, it would seem that surveys confirming a reduction in blood clots in women of child bearing age and a corresponding reduction in sales of oral contraceptives would have been completed and published. Could it be that patients are ignoring these inserts prepared for and paid for by them? Would inserts for each and every prescription receive more courteous treatment?

Every pharmacist is aware of drug products prescribed for nonapproved use with successful results. How will the physician-patient relationship benefit if the prescriber cannot document or justify the use of a particular drug product except through his own clinical experience? Can the pharmacist effectively counsel a patient on the use of a drug product

without knowing the diagnosis? With many pharmaceuticals having a myriad of uses, only the prescriber who has made the diagnosis is in a position to answer, "What is this drug for?"

Attempting to force-feed the patient with PPIs is not the answer to patient education. Proper utilization of the pharmacist as a drug information resource person is a proper approach, with reference books written for the public as an aid.

Studies have shown the public wants more knowledge about the drugs it uses, but no study has indicated whether the public is willing to pay for this information. The cost of patient education has been borne by the pharmaceutical community, but the enormous cost of the PPI proposal cannot be absorbed by pharmacy and will be passed along to the consumer, or the third party payor. In this case, the FDA PPI proposal will increase the cost of drugs to the government in the form of higher Medicare and Medicaid prescription charges.

Summary

The Patient Package Insert proposal is one of the greatest hoaxes to be perpetrated on the American people. In an attempt to respond to the "perceived" needs of a limited number of consumer advocates for more drug information, the FDA is adding one-half billion dollars to the cost of health care, with no proven benefit. There is no evidence that PPIs will improve the quality of health care. Pharmacists can document the numbers of patients who do not, and will not, read these inserts. We, the pharmacists of North Carolina, urge that this proposal be shelved until such time as proof of effectiveness, legal authority, and patient acceptance can be established. More satisfactory alternatives, such as use of the *United States Pharmacopeia Dispensing Information* in a loose leaf binder in pharmacies, prescribers' offices and public libraries, should be investigated.

Cordially yours,

A. H. Mebane, III
Executive Director

NOTICE—RECALL

All Neo-Mul-Soy and Cho-Free, Syntex, should be returned to the wholesaler, due to lack of Chloride. Some pharmacists have not complied. Please check your stock.

For "on-the-go" customers

"...I recommend Sudafed."

It opens the nose without closing the eyes.

Give your customers the advantages of Sudafed when they need nasal decongestion for colds or allergies—without the drowsiness disadvantage of antihistamines.

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VAUGHN D. BRYSON NAMED LILLY VICE PRESIDENT

Eli Lilly International Corporation, a subsidiary of Eli Lilly and Company of Indianapolis, named Vaughn D. Bryson Vice President for Europe, the Middle East, and Africa, and he will head a new European area office to be located in London.

A native of Gastonia, Bryson received a Bachelor of Science degree in pharmacy from the University of North Carolina in 1960 and completed the Stanford-Sloan program at the Stanford University Graduate School of Business in 1967. He joined the Lilly firm in 1961 as a sales representative and later held positions in sales management, market research, distribution and materials planning, and industrial relations before becoming the executive director of corporate pharmaceutical marketing planning in 1974.

He transferred to Lilly International in 1975 as area director for Japan and Southeast Asia, and became an International vice president a year later. He is a member of the NCPhA, Stanford Business School Association, and the Economic Club of Indianapolis.

Vaughn D. Bryson

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SOUTH CAROLINA LISTINGS:

1. Volume: $325,000
   Inventory: $90,000
   110 Prescriptions daily
   Accts. Rec: $18,000
   47% Rx Volume
   5,000 Sq. Ft.
   Piedmont Area

2. Volume: $144,000
   Inventory: $52,000
   Accts. Rec. $2,000
   5,000 Sq. Ft.
   Sales Price: $33,500
   Small eastern Town

3. Volume: Apx. $250,000
   Excellent Growth Potential
   Rent: $250 month
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TEST YOUR KNOWLEDGE

Some typical questions from the Academic Externship Program exams.

David D. Claytor, Assistant Director, University of North Carolina, School of Pharmacy, AHEC Program.

1. You would inform the patient about the possibility of a blue discoloration of the urine when dispensing which of the following drugs?
   1. Pyridium®
   2. Ferrous Sulfate
   3. Mandelamine® tablets
   4. Azo-Gantanol®
   5. Urised®
2. You are billed with 5/12 dozen packages of Lactinex® Granules at $15, less 5¼% special wholesaler discount and 2% discount for cash. The granules are priced to sell for $4.29 each. What is the % mark up for each sale?
   1. 30.0%
   2. 42.8%
   3. 35.0%
   4. 33.9%
   5. 33.3%
3. In cases of phenobarbital overdosage, the rate of excretion of the drug may be increased by:
   1. Administering ammonium chloride in solution—I.V.
   2. Administering calcium chloride solution—I.V.
   3. Administering sodium bicarbonate solution in I.V.
   4. Acidifying the urine with ascorbic acid.
   5. Administering sodium biphosphate solution—I.V.
4. Pharmacists get requests for information on first aid treatment. Washing an abraded skin area with soap and water and then applying a solution of benzalkonium chloride 1-750 would be an inferior first aid treatment because:
   1. Soap contains unsoponified fats which serve as a good host for bacterial multipacation.
   2. Benzalkonium chloride is too irritating to use on lacerated skin tissue and should be reserved for inanimate objects.
   3. The range of effectiveness is too narrow as it is only effective against gram negative organisms.
   4. Soap forms a film over the injured tissue that resists penetration by the benzalkonium chloride.
   5. Soap is an anionic substance that reacts with benzalkonium chloride, rendering the latter inactive.
5. You receive a prescription for a patient written by a dentist for Valium® 5 mg. #50. The directions read: one tablet T.i.d. What would be the most appropriate course of action to take in this matter?
   1. Fill the prescription as written.
   2. Question the patient as to why the dentist prescribed the medication.
   3. Call the dentist and ask him if the Valium® prescribed is for a condition that is in "his realm of practice."
   4. Refuse to fill the prescription.
   5. Report the incident to the DEA.

(Answers on Page 17)

HENLEY RESIGNS SENATE SEAT

State Senator John T. Henley, Hope Mills, has formally resigned, effective Nov. 1, from the N. C. General Assembly to become president of the N. C. Association of Independent Colleges and Universities. Henley was first elected to the legislature in 1957 and served four terms in the House before being elected to the Senate in 1967. He was Senate president pro tem and majority leader during the 1977 and 1978 sessions, and served as chairman of the Senate Banking Committee and vice chairman of the Ways and Means panel during the past session of the General Assembly. He also served as State Purchasing Officer (1963-65), Chairman of the Governor's Committee to Study State Government Reorganization (1970), Chairman of the Senate Appropriations Committee (1971) and served as a member of the Advisory Budget Committee (1972), as well as many other positions.

In 1972, John Henley was honored by the North Carolina Pharmaceutical Association as Pharmacist of the Year, and received the Mortar and Pestle Award. He operates a pharmacy in Hope Mills and was graduated from the UNC School of Pharmacy in 1943.

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WARNING TO PHARMACISTS ON SUBSTITUTION OF PATENTS

Situations are developing in many states that have enacted drug product selection/formulary laws which confront pharmacists with the alternative possibilities of patent infringement or a violation of state law. This occurs when state law mandates substitution of a less expensive drug product listed in the formulary and the formulary includes patented drugs where no substitutes have been authorized by the licensing of the patents.

The problem stems from the misunderstanding created when the Food and Drug Administration (FDA) approves a generic version of a patented drug. FDA does not consider whether a drug is patented in its NDA and ANDA evaluations or antibiotic batch-certification procedures. Accordingly, a formulary based on FDA approved drugs does not mean that those drugs which are patented can be marketed free of liability for patent infringement.

The approval for sale of a generic product by the FDA, or the sale of a generic product in a substitution state, in no way affects the application of the U. S. patent laws to products for which patent protection has been granted. The unauthorized sale of such a generic product by a pharmacist is an act of patent infringement for which the pharmacist can be sued and be held liable by a court.

PHARMACIST SLAIN DURING ROBBERY

Jesse S. Stewart, Freemont pharmacist, was killed during an armed robbery of his pharmacy, Saturday, November 10. Mr. Stewart was shot as he tried to leave Fremont Pharmacy and summon police from across the street. He had operated the store for the past 32 years. Three suspects are under arrest.

Stewart had served at various times on the Fremont Board of Aldermen, the Fremont Board of Education, the Wayne County Board of Education and as a Trustee of Wayne Community College. He was a native of Wallace.

HOPE MILLS

Robert R. "Bob" Henley, Hope Mills pharmacist, led the balloting for town commissioner, placing Henley in position of being named mayor pro tem.

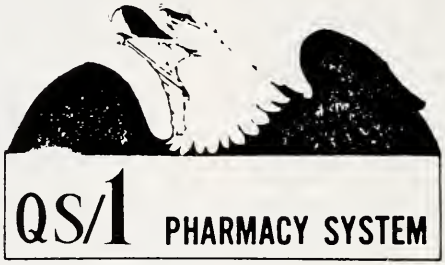
CHARLOTTE WOMAN'S PHARMACEUTICAL AUXILIARY

The Charlotte Woman's Pharmaceutical Auxiliary met November 13 at 11:30 A.M. for their annual Holiday Bazaar at the Park Road YWCA. After the luncheon and business meeting, each bazaar item was auctioned off and over $435.00 was raised. The money is used each year for a pharmacy scholarship at the UNC School of Pharmacy. This year's recipient, Mary Mullis, Charlotte was presented a $500.00 scholarship by the 45 member auxiliary earlier in the fall.

Margaret Smith
Corresponding Secretary

Dean Tom S. Miya presents the Syntex "Preceptor of the Year" award to Tom Dagenhart, Charlotte. The presentation was made at the 99th Annual Convention of the NCPhA.

Declare your independence.



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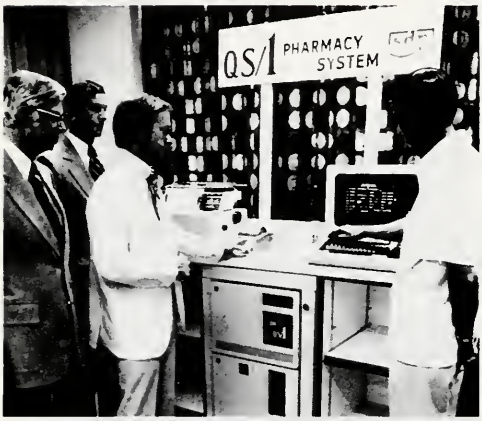

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THE WOMAN'S AUXILIARY FALL CONVOCATION

The Woman's Auxiliary Fall Convocation was held October 9, at the Institute of Pharmacy in Chapel Hill. Mrs. J. Marshall Sasser, president, presided. The morning session began at 9:45 with registration, coffee and goodies. The devotional was given by Mrs. Sheltor Boyd, first vice-president and a welcome by Mrs. William H. Edmondson, president of the Chapel Hill Pharmaceutical Auxiliary. The theme for the convocation was "Pride in Our Heritage—A Year for Caring."

Special plans for the Association's 100th birthday celebration in 1980 were revealed. Mrs. James L. Creech directed a lovely fashion show with pharmacy wives of Johnston County modeling clothes from the past 100 years. Mrs. Robert L. Smith reported on the Centennial wall hanging, hoping all the auxiliaries will participate in its making.

The Auxiliary's service project for the year is "Cancer Awareness & Education." Mrs. Sasser introduced the resource speaker, Dr. Margaret Nelsen, associate Medical Director, EDS-F and Specialist in Surgical Oncology. Films "Something Very Special" and "Women in the Middle Years" were followed by a question and answer session.

The buffet luncheon was served at 12:30. Al and Betsy Mebane were delightfully surprised at the luncheon with a singing Happy Birthday telegram by a trio from B & B Music Co. in Chapel Hill, and a lovely birthday cake.

Al Mebane, executive director for the North Carolina Pharmaceutical Association introduced the special guests for the luncheon, Tom Miya, Dean of the UNC School of Pharmacy, Joe Miller, President of NCPhA and Horace Lewis, President of TMA. Toula Panagiotopoulon, a recipient of the Auxiliary's scholarship for 1979-1980 was a guest.

The luncheon speaker was Dr. Albert G. Edwards, minister, First Presbyterian Church in Raleigh. Dr. Edwards, a native of Scotland and chaplain in the North Carolina House of Representatives brought a "Message of Inspiration."

At the close of the convocation many members toured the Horace Williams House.

Styles seen at the Fall Convocation of the Woman's Auxiliary, NCPhA
Photo by Colorcraft

SCHOOL OF PHARMACY
UNIVERSITY OF
NORTH CAROLINA
AT
CHAPEL HILL

Carolyn Clayton, Editor

ScRipt

DEAN'S MESSAGE

A significant event will occur in 1980, the centennial celebration of organized pharmacy in North Carolina. It is my hope that as we are reminded of the past we remember the contributions of each segment of pharmacy. In the short time that I have been in this, my adopted state, I have learned that nowhere in this country can one find the extent of cooperation and collaboration among the School, Association, Board, and the practitioners. Also, the quality of the activities in which we are jointly engaged is significant and often has national impact.

On the heels of the Association's centennial celebration, your School, although organized as it is presently constituted in 1897, will be celebrating the centennial of the first official course offerings in pharmacy on this campus under the then College of Medicine and Pharmacy. Events are planned for the academic year 1980-81.

So, collectively we move forward into the second century of pharmacy in North Carolina, with quality in education and pharmacy in general foremost in our minds.

TOX-80'S COMMISSION

Dean Tom S. Miya, President of the Society of Toxicology, organized the Tox-80's Commission conference which was held at the Aqueduct, a secluded retreat center in Chapel Hill on October 1-3.

Thirty Commissioners, who were appointed by the Council of the Society of Toxicology, met from across the nation to identify major areas of both recent and future developments in toxicology. A "white" paper will emanate from these discussions.

The group identified research on hazardous waste disposal as the most pressing need which must be addressed by toxicologists in the next decade.

Other areas of thrust were identified including: 1) Research in toxicology and dissemination of its findings as a major element in preventive medicine; 2) Research in toxicology leading to a more accurate extrapolation of animal toxicity data as well as all other *in vivo* and *in vitro* toxicological testing data to human use conditions and the environment; 3) Application of science and the scientific method to hazard and risk assessments for chemicals and other toxic substances; 4) "Salt III" for chemical and toxic substances leading to a clearer understanding of and uniformity of regulations among nations; 5) A continuing need to increase the attraction of government service to toxicological scientists; 6) The need to focus on appropriate educational needs in toxicology.

1979-80 ELECTION RESULTS

Student Body Officers
President—Ray Burke
President-Elect—Randy Ball
Vice President—Earl Lane
Secretary-Treasurer—Jan Lassiter

5/5 Class
Fall Semester
President—Mary Sherrill
Vice President—Susan Scott Tart
Secretary-Treasurer—Virginia Garner

4/5 Class
President—Bruce Dickerson
Vice President—Marina Maggio
Secretary-Treasurer—Cheryl Williams

3/5 Class
President—Alan Boyd
Co-Vice Presidents—Scott Sexton and Mike Yelverton
Secretary-Treasurer—Sandra Welborn

FACULTY COMMITTEES

The following committees have been selected to serve the School for 1979-1980. This list should be helpful to you in locating appropriate individuals when you have questions.

I. *ADMISSIONS*
LeRoy D. Werley, Jr., Chairman
Jack K. Wier, Co-chairman
Bruce R. Canaday
Moses Carey
Melvin A. Chambers
George H. Cocolas (ex officio)
Jean Paul Gagnon
G. David Rudd
Mary C. Sherrill (student)
Jo Travis (student)

II. *OFF-CAMPUS EDUCATION (AHEC, CE)*
Claude U. Paoloni, Chairman
Leonard Berlow
Betty H. Dennis
Iris H. Hall
Pam U. Joyner (AHEC)
Timothy E. Poe (AHEC)
Dale E. Wurster
Gail Molic (student)
Stuart Young (student)

III. *CURRICULUM*
Melvin A. Chambers, Chairman
Hugh J. Burford
Stephen M. Caiola
Iris H. Hall
William T. Sawyer
William A. Wargin
LeRoy D. Werley, Jr.
Elena Holak (student)
Tom Burgiss (practitioner-consultant)
LaVoice H. Howard (practitioner-consultant)
Joe Miller (practitioner-consultant)

IV. *SPACE AND FACILITIES*
Iris H. Hall, Chairman
James L. Olsen
Fred T. Semeniuk
Rebecca S. Work (ex officio)

V. *FACULTY PERSONNEL*
B. Wesley Hadzija, Chairman
Charles C. Pulliam

VI. *GRADUATE EDUCATION AND RESEARCH*
Claude Piantadosi, Chairman
Raymond Jang
Larry J. Loeffler
Tom S. Miya (ex officio)
A. Wayne Pittman
William A. Wargin
Chris Bowman, Secretary

VII. *PETITIONS*
Jack K. Wier, Chairman
Moses Carey
Cynthia B. Dunham
Khalid S. Ishaq
Robert L. Smith
LeRoy D. Werley, Jr.
David Coppala (student)
Susan Scott Tart (student)

VIII. *PRIMARY PROMOTIONS*
Stephen M. Caiola, Chairman
B. Wesley Hadzija
Iris H. Hall
Raymond Jang
Claude U. Paoloni

IX. *SCHOLARSHIPS AND AWARDS*
Jack K. Wier, Chairman
Moses Carey
Richard J. Kowalsky
LeRoy D. Werley, Jr.
James Moser (student)

X. *ANIMAL CARE*
Iris H. Hall, Chairman
Larry J. Loeffler
Hani M. Sadek

XI. *VISITING LECTURES*
Claude Piantadosi, Chairman
Jean Paul Gagnon
Larry J. Loeffler
James L. Olsen

XII. *STUDENT PROGRESSION*
LeRoy D. Werley, Jr., Chairman
Raymond Jang
Ralph H. Raasch
Jack K. Wier
Dale E. Wurster

XII. *COURSE AND INSTRUCTOR EVALUATION*
Jean Paul Gagnon, Chairman
Charles C. Pulliam
Karen Hayes (student)

XIV. *LIAISON OFFICERS*
1) Safety Officer—Khalid S. Ishaq
2) Drug Security Officer—James L. Olsen
3) Learning Resources—A. Wayne Pittman
4) Health Sciences Library—B. Wesley Hadzija, G. David Rudd, Tina Renae Eckard (student)

(Continued on Page 34)

CAROLINA INDUSTRIAL PHARMACY SOCIETY

—Robin Harden

The Carolina Industrial Pharmacy Society (CIPS) has been established at the University of North Carolina to help create better communication between pharmacists, pharmacy students and pharmaceutical industry. Meetings are held on the first Thursday of each month.

The first CIPS meeting was held on September 20, 1979. Dr. James Olsen, Advisor, gave an overview of CIPS and explained the National Pharmaceutical Council's Summer Internship Program. At the next meeting, on October 4, 1979, a panel discussion was held on "Generic Versus Non-Generic Drugs." Serving on the Generic panel were Dr. Lawrence J. Hak, Associate Professor of Pharmacy, UNC, F. Randolph Jones, Director of Pharmacy, Bladen County and Benny Ridout, Pharmacist Consultant, Department of Human Resources, State of North Carolina. Dr. Albert M. Mattocks, Professor of Pharmacy, UNC, John Hall, Hospital Sales Representative, Upjohn Company and Dr. William Edmondson, Government Affairs, Burroughs Wellcome Company served on the Non-Generic panel.

Students, faculty, pharmacists and pharmaceutical industry individuals are invited to join the Carolina Industrial Pharmacy Society and to attend the meetings. Corporate memberships are also available.

Anyone interested in participating in CIPS should write to: CIPS, School of Pharmacy, University of North Carolina, Chapel Hill, NC 27514 for an application.

FACULTY COMMITTEES

5) Affirmative Action Officer—Charles C. Pulliam

XV. *PHARM. D. ADMISSIONS COMMITTEE*

Ralph H. Raasch, Chairman
Larry J. Hak
Raymond Jang
William A. Wargin
C. Edwin Webb
Jack K. Wier
Melvin A. Chambers (Advisor for Curriculum Committee)
LeRoy D. Werley, Jr. (Advisor for Administration, Student Affairs, and Undergraduate Admissions)

EAST END AREA HEALTH CLINIC

—Alison Jordan

A new clinic has opened in Durham. It is the East End Area Health Clinic and it is run by volunteer efforts. These volunteers are medical, nursing, health administration, and pharmacy students.

The pharmacy student coordinators are Alison Jordan and Georgeann Sebastian. Their coordinator preceptor is Gary Dunham, who served for several years in the Edgemont Clinic, which is no longer operational. He and two volunteer students will dispense medications and advise patients on Monday nights during October and on Monday and Thursday nights during the rest of the year.

Much planning has been done in order to open the clinic. A meeting was held on September 26th to co-ordinate the activities of the students and to provide an orientation to the functions of the clinic. An open house was held on September 30th for the community, students, and interested persons to see the new health facility.

Thanks to various donations and volunteer efforts, the East End Area Health Clinic is off to a good start in offering free medical care to patients as well as offering students a chance to participate in community service.

Relaxing and enjoying the new decor in the Beard Hall Lobby.

"We won't have any trouble finding human volunteers to test this new drug."

WITH THE FACULTY

DAVID D. CLAYTOR, Clinical Associate Professor, **CLAUDE U. PAOLONI,** Associate Professor, and **ROBERT L. SMITH,** Clinical Associate Professor, attended several regional practitioner-instructors meetings during the month of September, 1979. The Charlotte, Mountain, and Northwest AHECs participated in the first meeting held on September 6 in Hickory, North Carolina. The second meeting was held at Burroughs Wellcome Company in the Research Triangle Park on September 20 and included the Fayetteville, Greensboro, Wake and Non-Affiliated AHECs. Attending the last meeting on September 27 in Kinston, North Carolina were the Area-L, Eastern, and Wilmington AHECs. Dr. **WILLIAM EDMONDSON,** Adjunct Assistant Professor, spoke at each of the meetings on "Planning is the Key."

DR. JEAN PAUL GAGNON, Professor, was recently elected to serve on the Board of Directors of the American Association of Colleges of Pharmacy representing the Council of Sections. GAGNON also spoke on "Cost Analysis for Pharmacists" at the *Pharmacy Management Symposium* held at the Institute of Pharmacy in Chapel Hill on Wednesday, October 10, 1979.

DR. GEORGE P. HAGER, Professor, who is a member of Lenoir-Rhyne's Board of Trustees, spoke on "Better Drugs for Better Living" at Lenoir-Rhyne College in Hickory on Tuesday, October 16, 1979. Area science teachers and students, as well as members of the general public attended the seminar.

DR. WILLIAM A. WARGIN, Assistant Professor, spoke on "Pharmacokinetics of Prodrugs," at a Medicinal Chemistry Seminar held on Monday, October 1, 1979, at the UNC School of Pharmacy.

DR. JACK K. WIER, Associate Professor, met with a group of high school juniors and seniors (Explorer Scouts) on Tuesday, October 9, 1979, at the Charlotte-AHEC Center to talk with them about the history of pharmacy and requirements for admission to the UNC-CH School of Pharmacy.

PCAT DEADLINES*

	Feb. 9, 1980	May 10, 1980
Date by which requests for special foreign centers must be received.	Dec. 8	Mar. 8
Date by which requests for additional centers must be received.	Dec. 30	Mar. 30
Final date for receiving applications within United States and Canada.	Jan. 14	Apr. 13

Note: Results of May 10 examination are usually too late for proper consideration for the fall semester.

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DRUG INFORMATION REPORTS

Lucy Allen
Pharmacy Practice Resident

I. *Ticrynafen*

Ticrynafen (Selacryn®) is a phenoxyacetic acid derivative which has diuretic, antihypertensive, and uricosuric actions.[1] It is structurally related to ethacrynic acid, but its pharmacological properties are different.[2] Its primary indications are in the treatment of mild to moderate hypertension and in the management of sodium and water retention associated with congestive heart failure. In contrast to the thiazide diuretics which may cause hyperuricemia, ticrynafen appears to lower serum uric acid levels by uricosuric mechanisms.[3-5]

The natriuretic action of ticrynafen is due to inhibition of sodium reabsorption in the cortical diluting segment of the distal tubule.[3] The uricosuric action of the drug is due to inhibition of uric acid reabsorption in the proximal and distal renal tubules.[3] Ticrynafen exerts its antihypertensive action by volume depletion due to its diuretic action. Clinical studies comparing ticrynafen with hydrochlorothiazide and other diuretics have found that ticrynafen maintains significant blood pressure control with hypouricemic rather than hyperuricemic effects.[1-6]

The usual dosage of tricrynafen is 250-500 mg daily. Oral doses of tricrynafen are rapidly absorbed, with peak levels of 15-35 mcg/ml occurring at 1-2 hours.[9] The onset of natriuresis occurs in 1-2 hours, peaks in 3-5 hours, and has a duration of 12-24 hours. Uricosuria occurs within 1-2 hours after the first dose, has a peak effect within 8-12 hours, and lasts up to 12 hours. Hypouricemia is maintained for 24 hours. The drug is 75% excreted unchanged via the kidney. The remaining 25% is metabolized in the liver. In therapeutic drug concentration ranges, 99.5% of tricrynafen is bound to serum albumin. This may cause displacement of other drugs highly bound to albumin and result in serious drug interactions.[10] Anticoagulant potentiation and hemorrhage have been reported with the concurrent use of tricrynafen and coumarin anticoagulants.

The common side effects of ticrynafen are headache, dizziness, and leg cramps.[7] These are mild and similar to commonly reported side effects of hydrochlorothiazide. Orthostatic hypotension occurs in 1% of patients receiving ticrynafen. Ticrynafen also causes an increase in BUN and serum creatinine consistent with fluid volume contraction.[1] Hyperglycemia and hypokalemia, similar to the effects observed with hydrochlorothiazide, may occur in some patients.[8] Some authors have shown that ticrynafen causes less hypokalemia than hydrochlorothiazide.[4,5]

The most serious potential adverse effect of ticrynafen is the precipitation of gouty attack or excess uric acid in the renal tubules.[4] Like other uricosuric drugs, ticrynafen causes high urine concentrations of uric acid upon initiation of therapy.[3,4] For this reason, adequate fluid intake must be maintained in all patients as therapy is initiated. Dehydrated patients and patients in whom tricrynafen is being instituted as a replacement diuretic should have their fluid intake increased for three days before and three days after the start of tricrynafen therapy. Diuretics should usually be discontinued for three days prior to the institution of tricrynafen.

In summary, ticrynafen is a uricosuric antihypertensive diuretic shown to be effective in the treatment of hypertension and fluid retention associated with congestive heart failure. Because of its unique uricosuric activity, ticrynafen may prove to be particularly useful in the management of hypertensive patients with symptomatic or asymptomatic hyperuricemia.

For reference list or further information contact David Rudd, Division of Pharmacy Practice.

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MARRIAGES

Miss Terry Lynn James and *Robert Nemargut* were married Saturday, October 13th, 1979. Both the bride and groom are graduates of the University of North Carolina School of Pharmacy.

The bride is employed by Revco in Greensboro as a pharmacist and the groom is also employed by Revco as a pharmacist intern. The couple will make their home in Greensboro.

BIRTHS

Albert J. and Marjorie Rachide announce birth of their daughter, Mary Marlena on October 10, 1979. Albert J. is a 1977 graduate of the UNC School of Pharmacy and is currently employed with Eckerds in Goldsboro. Marjorie is a 1976 BSN graduate of ECU School of Nursing and is currently a graduate student there. Mary Marlena's grandfather, Albert P. Rachide is also a pharmacist and a 1947 graduate of UNC School of Pharmacy.

David and Mimi Patterson of Mt. Airy are happy to announce the birth of their daughter *Julie Catherine* on November 15th who weighed-in at 8 pounds. The Pattersons also have an older daughter, Jennifer.

OBITUARIES

Joseph McCorkle

Joseph E. McCorkle, Durham, died September 29, 1979 at Duke University Medical Center. McCorkle came to Durham in 1972 as a buyer for N. C. Mutual Wholesale Drug Co. and retired in 1978. He was past president of the Federal Wholesale Druggists Association and the Atlanta Drug and Chemical Club. He was a member of the Traveling Men's Auxiliary of the North Carolina Pharmaceutical Association.

INFANT FORMULAS

Over the past several months, infant formulas have been involved in an increasing number of health-related problems. Ranging from nutrient deficiencies to processing breakdowns, these events have served to focus attention on procedures necessary to assure the quality and safety of these products.

FDA advises that all hospitals and other health facilities immediately begin to evaluate their procedures for storage, distribution, and preparation of infant formulas to identify possible points of contamination and/or reduction in nutritive value.

In addition, FDA needs to have more information on infant illnesses in which formulas may be implicated. The Agency would welcome information on the clinical nature of such illnesses, any supportive laboratory findings, the product or products that may be involved, the time that the problem occurred, and the length of time the formula was used. This information should be sent to FDA's Bureau of Foods, HFF-1, 200 C Street, S.W., Washington, D. C. 20204.

FDA is reevaluating its procedures for assuring the quality and nutritional efficacy of infant formulas. The Agency is considering the establishment of standards for nutritional quality, as well as development of procedures for requiring premarket clearance of such formulas.

FDA also is considering the establishment of required quality assurance checks as part of good manufacturing practice for each such product. Early in 1980, FDA will hold the first of a series of international conferences to determine which nutrients need to be checked routinely and which nutrients need to be evaluated only under special conditions. In addition, these conferences will explore the scientific basis for construction of these standards.

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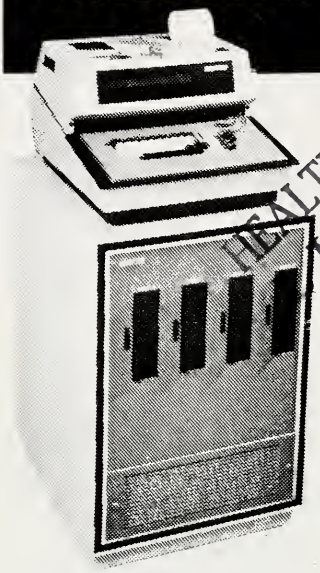

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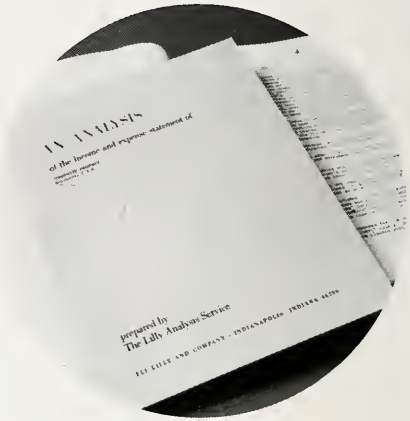

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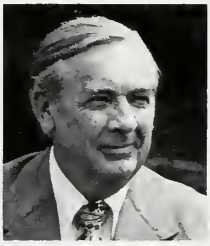
Our best friends are our severest critics and our greatest assets.

Meet our 1979 Pharmacy Consultant Panel.

Donald A. Dee, R.Ph., Exec. Sec., Minnesota Pharmaceutical Assoc. Minneapolis, Minnesota



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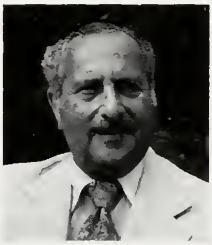

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Don W. Arthur, R.Ph. Community Pharmacist Buffalo, New York

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Gary Thudium, R.Ph. Community Pharmacist Vinton, Iowa

Fred M. Eckel, R.Ph., Assoc. Professor of Hospital Pharmacy Chapel Hill, N.C.

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FROM THE PRESIDENT

As 1979 moves to its close, most of us are beginning to measure the red ink against the black, with the hope that the latter is going to turn out to be the winner.

I hope, however, that you agree with me that there are measurements beyond profit and loss which should concern us at this time. How do we balance out, for instance, in the area of human relations?

My feeling is that Pharmacy, by its very nature, is a "people" profession, for we have more opportunities to address people needs than does any other profession.

Joe Miller
President, NCPhA

Not just medical needs, mind you, but all manner of human ailments involving both body and spirit, most of which can be alleviated—at least in part—by lending a sympathetic "peoples" ear. Occasionally we may need to emerge from behind our prescription counters and do a little handshaking, backpatting, shoulder hugging, body holding, and the like—whatever it takes to show our customers that we, too, are people rather than starchy-jacketed robots.

If we concentrate on the people part of our profession, the profit and loss ledger should take care of itself.

More Power to the people profession! And test wishes for the year ahead.

Sincerely,
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Pharmaceutical Association

Joe C. Miller, President

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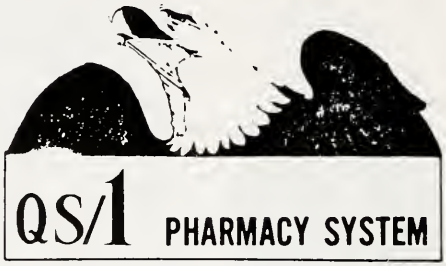

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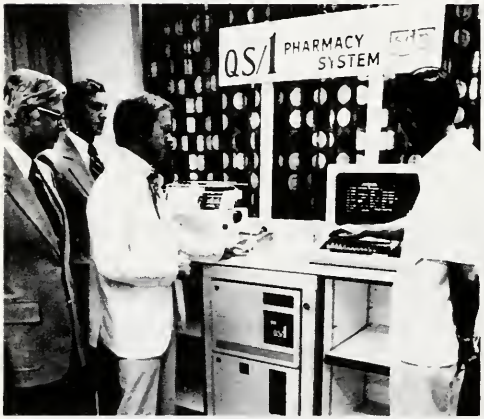

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THOUGHTS ON THE FUTURE OF HEALTH CARE DELIVERY

Presented by Joseph A. Oddis, Sc.D.
Executive Vice President
American Society of Hospital Pharmacists
at the Thirteenth Annual Carolina Hospital Pharmacy Seminar and the Sixth Annual Carolina Clinical Pharmacy Seminar, Raleigh, NC, November 2, 1979

Well, it's hard to believe that in a few short weeks we'll welcome in the 1980s. And while we haven't seen Big Brother in perhaps the same manner as depicted by Orwell, we have nonetheless begun to recognize that Orwell had a message about government's intrusion into the heretofore "sacred" areas of our lives.

Fortunately, though, as we approach the 1980s, the reading seems to be "enough is enough" and toward deregulation of government. From all the indicators we're seeing, the message seems to be: Let's take care of our own business, and let government take care of itself." I believe we have a good demonstration of that in voluntary cost containment. However, one thing is certain: It will be an interesting and challenging decade for health care and for institutional pharmacy.

For the next few minutes, I would like to offer you 10 predictions or observations on how health care may evolve in the 1980s and how institutional pharmacy practice may be affected by these developments.

Let me say that I believe the possibilities are unlimited as we move into the 1980s. Health care *will* change in the next decade, but institutional pharmacy will evolve to meet the demand. The results will be a professional practice offering a wide range of quality services designed to meet the individualized needs of our patients.

First, the 1980s will bring larger, more specialized institutions. During the last 10 years, the number of community hospitals has remained virtually constant, but the number of hospitals with more than 500 beds has increased by more than 80 percent. I believe we will continue to see hospitals—by necessity—grow larger and more complex. Why? The sophistication of personnel now necessary for a hospital's operation is the major reason for this shift toward larger institutions and away from the small community hospital. Only a large institution today can afford to retain the necessary staff experts in malpractice, personnel administration, collective bargaining and financing; only a large institution can afford to keep up with the advancing technology and retain the high powered medical staffs considered by many to be critical to the hospital's operation. These staffing and technological requirements will mean that only the larger, more complex institutions may be able to meet the demands of health care in the future.

And what will this mean for hospital pharmacy? Of course, the size of the hospital pharmacy department will be affected proportionally by these larger, more specialized institutions. Pharmacy staffs will be larger, and there likely will be a greater dependence on supportive personnel. In addition, new opportunities will open up for pharmacy's supportive personnel and, finally, it will be time for the profession to "bite the bullet" and make some positive decisions regarding the appropriate utilization of supportive personnel. If this direction is not forthcoming from pharmacy as a whole, then ASHP will have an obligation to take a bold and aggressive stand on this issue. I believe we've talked about supportive personnel long enough; it's time for us now to answer the questions we've discussed for so long.

Second, because the federal budget for building new hospitals is limited—and it's becoming more restricted every day—I believe we will see more funding for hospital construction and renovation through other sources, such as banks and insurance companies. This change in institutional funding will alter the non-profit hospital's traditional concept of paybacks through services rendered to strict cash-on-the-line financing. This shift in the financing structure of hospitals also might create a corresponding trend toward more for-profit institutions. Within the last 10 years we've seen a national hospital organization—the federation of American Hospitals (FAH)—emerge, representing about 1,000 "for-profit" hospitals, hospital chains and some non-profit hospitals. Such financing arrangements will have some dis-

(Continued on Page 8)

tinct advantages for both the institution and the investor.

"Better management" will be the watchword as these institutions adopt a "for profit" strategy in their dealings. You can expect to see these institutions strive toward greater efficiency and a reduction of overhead.

Third, health care delivery in the 1980s will be greatly influenced by the emergence of arrangements of hospitals—a trend which will have significant impact on our pharmacies. Conceivable, our 7,000 hospitals could become 1,000 or so arrangements of hospitals and related institutions in the next decade. Because of cost constraints and the complexity of hospital operation, hospitals will begin forming a network of corporate groups. Already, we are seeing considerable development in the concept of shared services. These arrangements of hospitals will expand across state boundaries. This is not a new concept. There have been chains of hospitals for years. Some examples are Veteran's Administration, army hospitals, and church associated hospitals.

As I said, these arrangements will have a significant impact on the hospital pharmacy department of the future. Perhaps the greatest change we'll see will be in the expanded authority one Director of Pharmacy will hold. Today, a Director of Pharmacy at a large metropolitan hospital might control the buying power for pharmaceuticals for his or her particular institution. But under the corporate arrangement plan I've described, that same Director of Pharmacy as a corporate officer might buy for 10, or 25, or 50 institutions or more. Such a structure would centralize the buying power of hospitals into fewer hands.

I'm sure you can recognize the implications this type of arrangement will have on the implementation of pharmacy's innovative, patient oriented services. A Director of Pharmacy under the corporate arrangement structure will be responsible for the introduction of new services and concepts not just at one hospital, but at 10, or 25, or 50 institutions or more. And the benefits to hospital pharmacy could be monumental. Clinical pharmacy, for example, could get a great push through this type of corporate structure.

Fourth, another significant trend to watch for in the 1980s will be the increased emphasis on ambulatory and home health care. As hospitals in the next decade seek new ways to contain and manage costs, ambulatory health care will be one area hospitals will utilize. The elimination of unnecessary hospital stays will be one of the first cost reducing initiatives we'll see. As part of that effort, the concept of in-and-out, one-day surgery will become more commonplace. A hospital bed will be reserved for the patient who requires intensive, professional care. Unnecessary overnight stays in the hospital will be discouraged. The major objective will be to keep costs down and maximize efficiency in the hospital.

We also can expect to see the hospital emergency room continue to serve as the family physician for millions of Americans. To give you some idea of the significance of this trend, consider these statistics illustrating the remarkable growth of the hospital's outpatient service: In 1970, total hospital admissions in the U. S. neared 32 million, with 180 million outpatient visits the same year. Last year, total hospital admissions rose from 32 to 37 million, while outpatient visits soared from 180 to 262 million—more than one visit per each member of our population. This growth has been so significant that new physician and nurse associations have formed

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to represent these specialty practice areas—The American College of Emergency Physicians and the Emergency Department Nurses Association are two examples.

As this trend develops, hospital pharmacy departments will have to include the medication needs of outpatients in their planning. Few pharmacists today would argue with the fact that we've done a rather poor job in this area thus far. To date, hospital pharmacists have been so busy in improving in-patient pharmacy services that they've ignored the out-patient area. However, it's time now to reverse that trend and make the hospital the central element of the continuum of health care. In the next decade, I believe we will be faced with a great challenge—an opportunity to reach out into the community and bring our patient-oriented services to even more patients.

Fifth, there are still many questions to be resolved—and uncertainties abound—but HSAs, PSROs and HMOs will continue as essential elements of health care. What are some of the questions? Well, the quality of performance of each varies from case to case, but each mechanism will continue to have a significant impact on health care as we now know it. As long as these survive and funding continues, we will have to continue to be alert to the possibilities they offer our practice.

Health Systems Agencies (HSAs) will become a question of alternatives for hospitals. Put in the situation of having to make this health planning process work or turning control over to the federal government, hospitals will be looking at HSAs carefully. If they don't succeed, it will be an invitation for "Big Brother" to assume authority in this area. And hospitals already have shown that they prefer as little direct federal control as possible—the success of the Voluntary Effort is a good indication of that. However, as the government's financial role in health care continues to grow, it has become impossible for hospitals to avoid some outside controls. HSAs, therefore, represent a compromise at the state level, a situation more tolerable to hospital administrators and Boards of Trustees. The state cost containment commissions now established in many states represent a similar type of compromise on control measures.

The future of Professional Standards Review Organizations (PSROs) today remains somewhat tenuous. Washington seems to be casting an increasingly wary eye toward PSROs, and the federal General Accounting Office (GAO) has speculated on the effectiveness of this type of review. At this point, it's really impossible to second-guess how PSROs will fare in the evolution of health care.

After being praised as the answer to all the problems of organized health care, Health Maintenance Organizations—(HMOs)—experienced a period of relative inactivity and lack of progress. However, today the future of HMOs appears back on track. As another way to control health care costs, the consolidation of services into HMOs seems to be a natural answer to solve some of our problems. The depersonalization of health care inherent in the HMO structure will deter some patients from taking full advantage of this new system, but a significant portion of our population will learn to stretch their health care dollar by using HMOs.

Sixth, the idea of a National Health Insurance scheme has been a serious discussion point for more than 20 years, and once again we see the subject emerging as a major political issue in time for a national election. And over the last two decades, there have been predictions that National Health Insurance wouldn't get off the ground and predictions that it would be accepted overnight. There have been almost as many sides of this issue as there are National Health Insurance bills in Congress right now—almost 30.

The Congress now has three major pieces of legislation on National Health Insurance to consider but, because of the highly political nature of the question, it's very unlikely that we will see any action on these until after the 1980 elections. The struggle between President Carter and Senator Kennedy over the scope of the initial program will be interesting, but I believe President Carter's phased-in approach is much more workable and realistic than Senator Kennedy's full scale effort. The full program will depend on improvement in our economy, rate of unemployment and our balance of payments.

Actually, practically all of the components of a national health scheme already are in place. The decisions to be made now relate to *how much* we will have and *how soon,* and the

(Continued on Page 11)

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funding mechanism. In establishing our program for a national health plan, we must guard against idealism and work toward principles that will work within our economy.

Pharmacists face an important opportunity in the introduction of National Health Insurance. It is most important for us now to work toward inclusion of our patient oriented services in the national health plan of the future. The ASHP Board of Directors has approved a nine-point set of criteria outlining pharmacy's participation in such a plan. In a related concern, as we move close to nationalized health, I believe we can expect to see payment for pharmacy services separate and distinct from payment for cost of a drug. The question of reimbursement for non distributive services is one that has long plagued hospital pharmacy. However, I believe we're beginning to see the light at the end of the tunnel. In fact, in the next decade we may find reimbursement totally separate from *drug* involvement, as in pharmacokinetic and patient counseling services.

Seventh, As our health planning process solidifies, we will see some curious developments in how health services are brought to the patient. For years, downtown department stores and banks have recognized the value and convenience of suburban outlets; the same will be true for hospitals. With the trend toward larger hospitals and specialization of services, health care institutions will have to extend their reach beyond the central city. The main hospital, then, will serve as the central supplier of health care services, with branch hospitals offering varying ranges of patient services. The arrangements will be similar to that of a central city's main department store and its several outlying branch units.

This decentralization of hospitals, however, will not mean that health care is drawing *away* from the public; instead, we will see a broader extension of health care whereby a hospital based arrangement of services will reach out to the patients themselves. Instead of the patient coming to the hospital, the hospital will come to the patient, including patients in rural areas. In effect, it will bring quality health care within reach of even more people.

This change in the hospital's basic structure will significantly affect the hospital pharmacy department. The pharmacy department will have to be structured to work within this decentralized arrangement. Staffing patterns will change, and practitioners in specialty practice areas will cluster in those hospitals specifically tailored to offer those services.

The concept of *marketing* a hospital's services also is gaining credibility, as evidenced by the growing numbers of vice presidents of marketing on hospital staffs. A few years ago, a vice president of marketing on a hospital staff was an unusual commodity. Today, they are becoming more commonplace—and they're proving how necessary marketing is to the hospital. And as cost containment becomes even more a part of health care, we will see how marketing will effectively work toward eliminating unnecessary services and making the hospital more efficient.

Eighth, As I mentioned earlier, ambulatory care will be an important factor in the development of hospitals in the future, and perhaps the great potential for the future expansion of institutional pharmacy service. Ambulatory care is one area hospital pharmacists have neglected, but it will become very important in the years ahead.

Contract pharmacy services also should begin to look quite attractive to hospital administrators as a cost saving effort. Contract services might be one way to avoid union negotiations and collective bargaining. It's still too early to judge the potential impact of contract pharmacy services on the profession, but ASHP is continuing to look into the potential offered in these types of arrangements.

Ninth, From all indications, health care cost containment is here to stay. As you can judge by some of what I've already said, almost all future trends in health care are geared toward the reduction of health care costs. The concept of cost containment has become too much of a highly charged political issue to be ignored. Hospital pharmacists, because of the many changes we've made in a relatively short period of time, will face an enormous challenge in cost containment. How do we ensure that our services and programs don't face across-the-board budget cuts? How do we continue to move ahead? In many cases, hospital pharmacists are going to be asked to do *more* with *less*—and that's not an easy job

(Continued on Page 13)

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to do. Everyone now agrees that costs must be controlled; the debate has been over the method to control the costs—voluntary, mandatory or stand-by controls.

To the surprise of many in the health care industry and on Capitol Hill, the Voluntary Effort has shown remarkable signs of resiliency. So much so, in fact, that the mood in Congress seems to be shifted away from the stern control measures originally endorsed by President Carter. And what's caused this success? Remember, private industry historically has not fared well in voluntary control plans. The answer has been the hospital industry's fear of federal intervention. Simply, there was no other choice *but* to hold the line on costs. Our backs were to the wall.

Finally, let's consider hospital pharmacy in the next decade. Hospital pharmacy in the 1980s will evolve with the rest of health care in meeting the needs of patients. As you probably know, the ASHP Board of Directors and House of Delegates supports a three-tiered personnel structure to meet the future needs for pharmacy services: An appropriately educated "generalist" practitioner with the Pharm.D. entry level degree; a more sophisticated level of post-graduate specialty-trained practitioner and supportive personnel. The changes in the hospital pharmacy will accentuate the value of these three levels of manpower. These levels will be important as we attempt to meet the many and diversified needs of patients in the future.

Larger pharmacy departments obviously will mean larger staffs, including the increased use of supportive personnel. Career opportunities for supportive personnel will become more clearly defined. As specializations develop in the types of services offered by a hospital, specialty trained pharmacists will become an important factor in this trend. As identified already by our Special Interest Groups, pharmacists in oncology, pediatrics and geriatric practice, to name but a few, will leave an important mark on health care. And with the increased numbers of outpatients utilizing the hospital pharmacy, the generalist practitioner will have an important role in the patient's health care program. Our reach out into the community also will bring about significant cooperative arrangements between hospital and community practitioners, with new opportunities for pharmacists.

Clinical pharmacy will have an excellent opportunity to flourish in this changing health care environment. One decision from a Director of Pharmacy on the implementation of clinical pharmacy services could conceivably affect many hospitals. We now need to work toward demonstrating the cost effectiveness of these programs as hospitals face cost constraints. By establishing the cost benefits of clinical pharmacy, institutional pharmacists will make major headway in affirming their roles as health care professionals.

Let me caution you: These developments will not all occur simultaneously, nor are they independent. But I believe these changes will make institutional practice an even more challenging and dynamic career choice for pharmacists in the 1980s. It should be quite interesting to observe and participate in health care's next decade.

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I certify that the statements made by me above are correct and complete.

A. H. Mebane, III
Editor, Business Manager

September 27, 1979

Fred M. Eckel, Professor of Hospital Pharmacy, University of North Carolina School of Pharmacy, recently attended a meeting of the Upjohn Pharmacy Consultant Panel at Brook Lodge in Augusta, Michigan. The consultant panel includes ten pharmacists from across the U. S. and represents a mix of all pharmacy disciplines. They meet with Upjohn Company officers and marketing personnel to discuss a wide range of pharmacy issues. Mr. Eckel is pictured with Louis C. Schroeter, Vice President and General Manager of the Domestic Pharmaceutical Division (l) and Reed B. Peterson, Vice President of Domestic Pharmaceutical Marketing (r).

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POISON PREVENTION WEEK

March 16-22, 1980 will mark the 18th annual observance of National Poison Prevention Week. An ongoing program to educate people in the "hows" and "whys" of poison prevention must be active throughout the year in order to reach its full potential. The theme for 1980 is "Children act fast . . . so do poisons." Write NCPhA for materials list.

NOTICE: The Geer Drug Company will be closed Monday and Tuesday, December 24 and 25, 1979 and Tuesday, January 1, 1980.

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November 18, 19, 20, 1979

Copies of the DEA Regulations revised as of April 1, 1979 are available from the Superintendent of Documents, U. S. Government Printing Office, Washington, D. C., 20042. This document lists all regulations required in specific situations. When writing be sure to ask for the Code of Federal Regulations, Title 21, Part 1300 to End, Revised as of April 1, 1979. Single copy price is $4.25.

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FDA PROPOSES BAN

The FDA will propose a regulation which will ban Medicaid (and Medicare) payments for drugs which have been designated not effective by FDA. Generally, these are pre-1962 drugs, and many are combination drug products which FDA does not like to recognize. It is expected that manufacturers will oppose this proposal, since several products have large annual sales. Among the drugs listed are Achrostatin V, Azo Gantanol, Carbrital, Combid, Deprol, Equagesic, Marax, Ronaiacol and Vasodilan. It is important to remember that this is just a proposed regulation. It will be some time before the regulation becomes effective, if ever.

LOCAL NEWS

HAMRICK ELECTED TO NWDA BOARD

C. Rush Hamrick, President of Kendall Drug Co., Shelby, was elected to the National Wholesale Druggists' Association Board of Directors for a three year term. The election took place at the annual meeting of NWDA in Hawaii. Mr Hamrick is a past president of The Traveling Member's Auxiliary of the North Carolina Pharmaceutical Association (1970-71).

CHARLOTTE

The Mecklenburg Pharmaceutical Society met Tuesday, November 27 for a program by Dr. Wallace Wu of the Bowman Gray School of Medicine. In his presentation on *Current Concepts in Ulcer Therapy,* Dr. Wu indicated that antacid therapy together with Cimetadine (Tagamet) appeared to allow ulcer healing. Attendance prizes were won by Phyllis Ketler and Wayne Fisher.

Reported by Tom Sinnett, President

GREENVILLE

Willie B. Webster, Jr. has joined the East Carolina School of Medicine as director of clinical pharmacy services. He will participate in patient counseling programs at the East Carolina Family Practice Center and develop educational programs in drug therapy for resident and medical students. Prior to joining the faculty, Webster was associated with hospitals in Beaufort and Washington counties, and operated a pharmacy in Fremont.

WINSTON-SALEM

Douglas Sprinkle has been appointed pharmacy director for Crown Drugs, Inc., a Winston-Salem based drug chain. Sprinkle will be responsible for pharmacy operations in the 13 store chain. He is a graduate of UNC School of Pharmacy and has been employed by Crown since 1969.

LEXINGTON

Ruth Mitchem, pharmacist and assistant manager of Revco Discount Center, has been nominated as an Outstanding Young Woman of America by the Rev. David Whitemand of First Baptist Church. She is a graduate of the University of Georgia School of Pharmacy and has received an M.S. in Pharmacy degree from that school. She has also done work toward her Ph.D. She is also a member of numerous professionals, honorary and research organizations.

EASONS CROSSROADS

Carl Taylor, formerly associated with Capps-Daniels Drug Co. of Ahoskie, is the pharmacist at the Gates County Medical Center. Taylor has been with Capps-Daniels for eleven years and operates the pharmacy in the temporary location within the medical center, but plans to move to a nearby location soon.

"Service in Wholesale Quantities

NORLINA

Harry Walker, Norlina pharmacist, was recently cited for many years of service to residents of Norlina, by the town council. The commissioners unanimously passed a resolution commending Walker for "His many years of concern for the health and welfare of this community."

JONESVILLE

Teri Longworth, a 1978 graduate of the UNC School of Pharmacy, has joined the staff of D-Rex Drugs. Formerly with Eckerd's in Chapel Hill, Mrs. Longworth now works with Keith Denny and David Morrison in the Yadkin county community.

BELHAVEN

While Aubrey Hollowell listened to the Carolina-Pittsburgh game, a strange noise erupted from the front of Old Town Pharmacy. He thought it was just a display rack falling over. "Mr. Hollowell, there's a deer in the store," called the clerk in the front. "Call the police" shouted Aubrey, who had never had a deer arrested in his store before. When the police car arrived, the deer, sensing danger, plunged through a front window and escaped. Aubrey went back to the ball game.

BUNN

Vickie Ripley is the full time staff pharmacist at the Bunn Community Health Center. She also works relief at Southside Pharmacy in Spring Hope.

GATESVILLE

Gates County Pharmacy, Inc., the first pharmacy to locate in the county in several years began operation in late August. Operated by Joe Minton of Murfreesboro, the pharmacy is staffed by India Hood, and is located at the intersection of N. C. 37 and U. S. 158.

ZEBULON

Haywood Jones celebrated forty years with Zebulon and Zebulon Drug recently, with a grand sale in the pharmacy and drawings for gifts. Jones became affiliated with Zebulon Drug immediately after his graduation from UNC School of Pharmacy in 1939. Mr. E. C. Daniel was owner of the drug store when Jones came to work, and was with the company until his death in 1968. The present quarters were occupied in April, 1972.

TRYON

Robert Wilson, Jr. is the full time pharmacist at St. Luke's Hospital. Wilson has a M.S. in Pharmacy from UNC and formerly worked with his father at Economy Drug in Hendersonville.

LITTLETON

Winner of the best dressed window during the three day Lakeland Cultural Arts Festival was the Littleton Pharmacy, owned by Jimmy and Sally King. King also recently installed the Unidrug *Computer system in the pharmacy.*

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1963-1964	Hoy A. Moose, Mt. Pleasant
1964-1965	W. S. Wolfe, Mt. Airy
1965-1966	W. T. Boone, Ahoskie
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1969-1970	Earl H. Tate, Lenoir
1970-1971	B. Cade Brooks, Fayetteville
1971-1972	John C. Hood, Jr., Kinston
1972-1973	Donald J. Miller, Morganton
1973-1974	W. Whitaker Moose, Mt. Pleasant
1974-1975	W. H. Wilson, Raleigh
1975-1976	L. Milton Whaley, Durham
1976-1977	Thomas P. Burgiss, Sparta
1977-1978	Eugene W. Hackney, Lumberton
1978-1979	Herman W. Lynch, Dunn
1979-1980	Joe C. Miller, Boone

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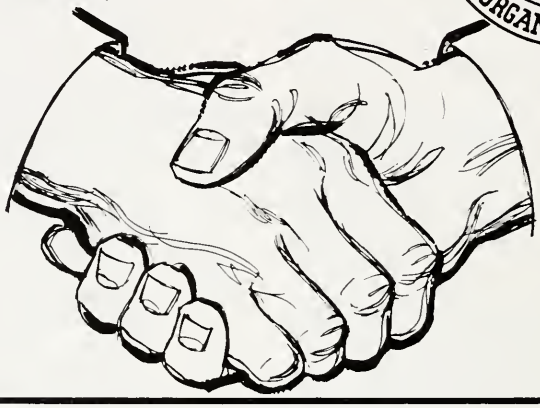

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A. Wayne Pittman, Polks Landing Station, Box 74, Chapel Hill, 27514

Walter K. Saunders, 2810 Colony Road, Charlotte, 28211

Henry L. Smith, 302 Oleander Road, Carrboro, 27510

Consultant: Eugene Hackney, PO Box 1085, Lumberton, 28358

(Continued on Next Page)

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Lamar Creasman, PO Box 1538, North Wilkesboro, 28659
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   Inventory: $90,000
   110 Prescriptions daily
   Accts. Rec: $18,000
   47% Rx Volume
   5,000 Sq. Ft.
   Piedmont Area
2. Volume: $144,000
   Inventory: $52,000
   Accts. Rec. $2,000
   5,000 Sq. Ft.
   Sales Price: $33,500
   Small eastern Town
3. Volume: Apx. $250,000
   Excellent Growth Potential
   Rent: $250 month
   Excellent Gross Profit
   3,500 Sq. Ft.
   Low Overhead
   Sales Price: $110,000
   Small Central SC Town

ADDITIONAL NORTH CAROLINA LISTINGS ARE NEEDED NOW DUE TO RECENT SALES!!!

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David N. Cox, 7729 Lasater Rd., Clemmons, 27012

David B. Flashover, 23 Summer Creek Drive, Spartanburg, SC, 29302

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Consultant: Jean B. Provo, 535 Hertford St., Raleigh, 27609

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Alan G. Banner, The Medicine Shoppe, 139 N. Center St., Statesville, 28677

John M. Barringer, PO Box 382, Carthage, 28327

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James M. Egbert, 3401 Kenmore St., Greensboro, 27408

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Mrs. Robert Giddings, Route 2—16 Charlock Court, Chapel Hill, 27514

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Steve Dedrick, 5404 Hallmark Road, Durham, 27712

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Anglela C. Pharr, 753 Elderwood Avenue, Winston-Salem, 27103

*John H. Rosser, 5426 Gwynne Avenue, Amity Gardens, Charlotte, 28205

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Margaret C. Yarborough, 219 South Academy St., Cary, 27511

Consultant: George Willetts, III, 3527, Kirby Smith Dr., Wilmington, 28401

(*indicates will serve a 2 year term on this committee)

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Joe O. Earnhardt, 112 Royall Road, Oxford, 27565

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Sara Hackney, PO Box 1085, Lumberton, 28358

George P. Hager, UNC School of Pharmacy, Beard Hall 200H, Chapel Hill, 27514

Clarence Lynn Murchison, 4912 H. Coolridge Court, Raleigh, 27604

LeRoy D. Werley, Jr., 1403 Hallfax Drive, Chapel Hill, 27514

(Continued on Next Page)

PUBLIC AND PROF. REL. CONTINUED.

Consultant: Julius Howard, Seashore Drugs, 2059 Carolina Beach Road, Wilmington, 28401

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Mitchell W. Watts, PO Box 39, Concord, 28025

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Consultant: James L. Creech, 109 S. 3rd St., Smithfield, 27577

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LaVoice H. Howard, 4100 Five Oaks, #2, Durham, 27514

Al F. Lockamy, Jr., 6708 Candlewood Drive, Raleigh, 27612

Jess T. Moore, 2705 Highland St., Durham, 27704

Becky Sawyer, Rt. 3, Box 412, Sanford, 27330

R. Nathan Sykes, Jr., PO Box 3983, Wilson, 27893

Julian E. Upchurch, Jr., 5201 Pine Way, Durham, 27712

Consultant: Waits A. West, Tart & West, PO Box 248, Roseboro, 28382

NOMINATING

Herman W. Lynch, Chairman, Lynch Pharmacy, PO Box 617, Dunn, 28334

Ares L. Artemes, 2700 Eastway Drive F-8, Charlotte, 28205

Doc Brinson, Box 392, Kenansville, 28349

Priscilla C. Brown, Rt. 2, Box 177A, Germanton, 27019

M. A. Chambers, School of Pharmacy, UNC, Chapel Hill, 27514

Donald V. Peterson, 5102 Kenwood Road, Durham, 27712

W. H. Wilson, 2000 Fairview Road, Raleigh, 27608

ADDITIONAL NEW MEMBERS AS OF DECEMBER 14, 1979

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Charles L. Brashears, Morganton
Ervin McKay Carroll, Jr., Smithfield
Edwin R. Costner, Kings Mountain
Donald C. Dowdy, Greensboro
Suzanne Drouillard, Carrboro
Roger W. Efird, Denton
Karen Louise Englebert, Troutman
Dennis P. Faircloth, Reidsville
Leesa D. Furniss, Asheville
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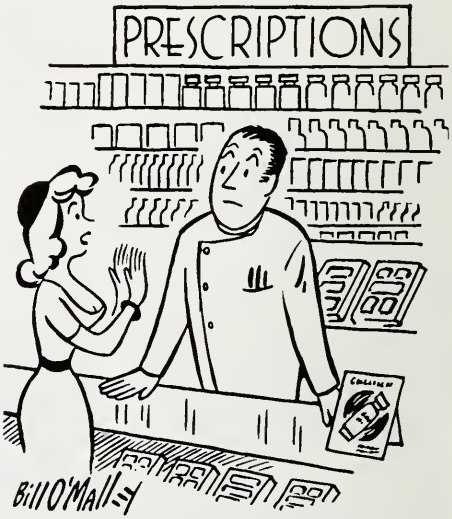
Richard G. Ripley, Elkin
Vicki C. Ripley, Spring Hope
Bea Young Smith, Burnsville
Richard B. Stephens, Durham
Shelton W. Thomason, Jr., Boone
Jane Van Hoy, Boone



"I lost my prescription. It was about this big and it had writing on it."

TEST YOUR KNOWLEDGE

Some typical questions from the Academic Externship Program exams.

David D. Claytor, Assistant Director, University of North Carolina, School of Pharmacy, AHEC Program.

1. Which of the following vaccines must be stored in the freezing compartment (below 0°C) of the refrigerator?
   1. Live oral polio virus vaccine U.S.P.
   2. Live attenuated measles virus vaccine U.S.P.
   3. Influenza virus vaccine U.S.P.
   4. Live mumps virus vaccine U.S.P.
   5. Rabies vaccine U.S.P.
2. When the serum content of sodium is reported as 333 mg. %, the milliequivalents of sodium per liter is approximately:
   1. 60 meg.
   2. 85 meg.
   3. 145 meg.
   4. 180 meg.
   5. 300 or more meg.
3. Patients taking Dramamine® should be cautioned about:
   1. Driving an automobile or operating other machinery.
   2. Consuming alcoholic beverages.
   3. Taking with antibiotics which can cause ototoxicity.
   4. 1 and 2 only.
   5. All of the above.
4. Topical OTC antibiotic ointments are used frequently in the treatment of superficial cuts, scratches, etc. A common product contains neomycin, polymyxin and bacitracin. A potential problem with such indiscriminate use is sensitization. The antibiotic most likely to cause sensitization is:
   1. Polymyxin
   2. Bacitracin
   3. Neomycin
   4. By all of the above
5. In dispensing Schedule II drugs on an emergency oral prescription, the quantity dispensed should be limited to:
   1. 120 dosage units.
   2. A 34-day supply.
   3. 120 dosage units or a 34-day supply, whichever is least.
   4. A 72-hour supply.
   5. The amount adequate to treat the patient during the emergency period.

(Answers on Page 29)

For "on-the-go" customers

"...I recommend Sudafed."

It opens the nose without closing the eyes.

Give your customers the advantages of Sudafed when they need nasal decongestion for colds or allergies—without the drowsiness disadvantage of antihistamines.

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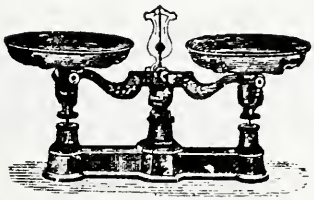
Centennial Historical Committee Meeting, Raleigh, December 2, at the Hilton Inn, Raleigh, site of the 1980 Centennial Convention. Seated, left to right: Mrs. W. J. Smith, Mrs. Horace Lewis, Mrs. Barney Paul Woodard, Mrs. Jimmy Creech, Mrs. Al Lockamy, Mrs. Marshall Sasser, Mrs. Jack Watts, Mrs. Jerry Johnson, Mrs. A. H. Mebane, III. Standing, left to right: Mr. Horace Lewis, Mr. Jimmy Creech, Rep. Barney Paul Woodard, Mr. A. H. Mebane, III, Sen. John Henley, Mr. Al Lockamy, Mr. Jerry Johnson, Mr. Marshall Sasser, Mr. Jack Watts, Mr. Bill Wilson. (Photo by Colorcraft: W. J. Smith, Photographer)

ANSWERS
Test Your Knowledge

1. (1) Facts and Comparisons, Viral Vaccines, pages 460-467.
2. (3) 333 mg % is interpreted as 333 mg in 100 ml. of serum:

   333 mg in 100 ml.: 3330 mg in 1 liter (1000 ml.)

   The milliequivalent weight of sodium is 23-so 3330 mg ÷ 23 = 145 meg of sodium.
3. (5) P.D.R. under Dramamine®
4. (3) "Handbook of Non-prescription Drugs," 5th ed., page 309.
5. (5) The American Druggist Blue Book contains a "Controlled Substances Manual for Pharmacists."



CONGRESSIONAL BILLS

Copies of all "H.R." bills may be obtained by writing the House Documents Room, Capitol, Washington, DC 20515. Copies of "S." bills may be obtained by writing the Senate Documents Room, Capitol, Washington, DC 20510. Request no more than six bills at a time and enclose a self-addressed return label.

CHAMPUS

The Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) pays for legend drugs and insulin for retired military personnel and dependents of active duty military personnel. Prescriptions are paid on the basis of acquisition cost plus a fee of three dollars ($3.00). Insulin is paid on the basis of usual retail charge.

For further information on the CHAMPUS program, contact the NCPhA office or write; Gerald M. Kirk, Director of Provider Affairs, Blue Cross of Southwestern Virginia, P. O. Box 13828, Roanoke, VA. 24034.

SCHOOL OF PHARMACY
UNIVERSITY OF
NORTH CAROLINA
AT
CHAPEL HILL

Carolyn Clayton, Editor

ScRipt

DEAN'S MESSAGE

While preparing to write this message, I've been pondering the many meanings of the Holiday Season which is upon us. This is a time when concepts of religion, folklore and tradition are foremost in almost everyone's mind . . . And the world experiences, at least for a while, nearly universal joy and celebration.

This is also a time when once-a-year greetings are sent; telephone calls are made; and tables are set for dear friends and family members . . . It's a time for remembering, for planning, and for sharing.

Communication is the key. This "magic of communication" underlies the whole holiday season. What a great place our world, our community, and our School would be if the "magic" could somehow be translated to everyday of the year!

Have a very special Holiday. And may the New Year bring with it a resolve that the magic of communications will help us in understanding each other every day.

NCSHP ACHIEVEMENT AWARD

Congratulations to STEPHEN M. CAIOLA who received the North Carolina Society of Hospital Pharmacist's Achievement Award at the joint meeting of the 13th Annual Carolina Hospital Pharmacy Seminar and the 6th Annual Carolina Clinical Pharmacy Seminar held recently in Raleigh.

Steve, who is Associate Professor in the Division of Pharmacy Practice, has been with the School of Pharmacy since December, 1968. Currently he serves as Coordinator for Ambulatory Care Pharmacy Services, Division of Pharmacy Practice. He is Director of Pharmacy Services of Orange-Chatham Comprehensive Health Services, Inc. and serves as Secretary to their Pharmacy, Therapeutics, and Standing Order Committee.

Steve holds a B.S. in Pharmacy from Duquesne University ('66) and an M.S. in Hospital Pharmacy from Ohio State University ('69). He also completed a two-year residency in Hospital Pharmacy at Ohio State University in 1968.

He and his wife Judy, also a pharmacist, have three children.

Stephen Caiola

NCPRF

It is time again to remember the North Carolina Pharmaceutical Research Foundation. Incorporated in 1946, NCPRF is a nonprofit organization which provides financial support for many programs at the School including undergraduate scholarships and loans, antitumor agent research, faculty recruitment, teaching assistantships for several Ph.D. candidates, and remodeling of Beard Hall. In addition, NCPRF has recently published "The Assessment of Vendors of Multisource Drug Products by the Pharmacist" (see article this issue) and the widely-publicized "Task Force Report on Health Planning and Pharmacy in North Carolina." Of course we cannot fail to mention the NCPRF provides support for the Script, (the School's newsletter which you are reading right now).

It is your contributions that make all of the above possible. This year the Dean's Council has been created for those who donate one hundred dollars ($100) or more. Joining the Dean's Council will enable you to have an interesting perspective on the operations of the School. You will be provided with the School's Annual Report and will be given the opportunity to share your comments.

Remember, a limited number of the Carolina lapel or stick pins are still available for a contribution of $30. Also, your contribution of $15 or more will be acknowledged by an arm/breast pocket patch of the UNC Pharmacy logo.

All donations are greatly appreciated. Don't forget that they are also tax deductible.

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Community pharmacist: Independent ☐ or Chain ☐ ☐ Lapel pin
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Other (please specify): ☐
Alumnus of UNC: Yes ☐ No ☐ Sustainers and above check one.

JOIN THE DEAN'S CIRCLE!

KE FUNCTIONS

—Georganne Sebastian

PLEDGE NEWS

This fall all required Kappa Epsilon pledge projects have been completed. The service project involved attending First Aid stations during home football games with the Kappa Psi brothers. Our professional project was publicizing "Smokeless Thursday" in cooperation with the American Cancer Society on November 15. Our money-making project was a sausage biscuit and doughnut sale.

Our 20 pledges were honored at a Christmas dance November 30. All pledges became sisters December 3, at a formal ceremony.

OTHER ACTIVITIES

December 4, the Lambda Chapter held another professional project. This time the project was with the Red Cross—an all day blood mobile drive, as blood supplies during the holidays are traditionally low.

On November 29, a special session on "Writing Resumes" was hosted by KE for all interested students.

We can't close the year without giving thanks to our 1979 officers for their excellent services: Stephanie Durham, President; Kathy Cahill, Vice President; Janet Alexander, Secretary; Paula Barfield, Historian; Georganne Sebastian, Pledge Trainer; Robin Kluttz, Chaplin.

Look for our 1980 list of officers in the next issue of SCRIPT!

FACULTY RETREAT

On November 4th and 5th faculty at the School of Pharmacy met at the Mid Pines Club, Southern Pines, N. C. for their annual retreat.

Drs. Raymond Jang, Associate Professor, and Jean Paul Gagnon, Professor and Chairman of the Division of Pharmacy Administration, coordinated the meeting which consisted of intense workshops and discussions.

The two-day retreat resulted in setting of both short-range (1980-81) goals and specific objectives for the next five-year period.

The ultimate goal of the School is to improve the quality of care in pharmacy practice settings. To this end a significant achievement of the retreat was the approval of the new curriculum changes which essentially open up one semester for professional options and eliminate overlap in several courses.

A further major goal is to improve the national image of the School and its faculty through research and presentations at national meetings.

New Embroidered School Logo 2" x 4"

STUDY IDENTIFIES CRITERIA FOR PURCHASING QUALITY GENERICS

A recent study conducted at the School of Pharmacy provides pharmacists with a unique system for purchasing competitively-priced generic drugs without sacrificing quality. It offers one of the most comprehensive approaches ever developed for evaluating suppliers of multisource products.

Entitled "The Assessment of Vendors of Multisource Drug Products by the Pharmacists," the study was prepared by ROBERT W. RITTER, FRED M. ECKEL, JAMES L. OLSEN, and LAWRENCE J. HAK.

Information gathered from the study and a literature review were used to develop a "Drug Product Select Manual" and a "Pharmaceutical Vendor Information Request Form" which pharmacists can use to obtain "a comprehensive picture of the vendor's capability of supplying quality products, services available, and ability to provide in-depth therapeutic and quality control information on request." The "Manual" is an item-by-item discussion of each piece of data requested on the "Request Form."

Recognizing that pharmacists traditionally have dispensed quality products but "legislative mandates and consumer pressures have elevated the 'consideration of cost' while not diminishing the 'demand for quality,' the report concludes that "selecting competitively-priced quality products may present a dilemma for the pharmacist." Attempts to answer the question " 'Can the quality of multisource drug products be assured?' have been clouded with emotion, bias, uncertainty, and changing viewpoints and have done little but to perpetuate the controversy." Even the FDA's answer "appears to have changed from 'an almost definite yes' to a 'yes with qualifications.' "

To determine what criteria pharmacists have been using for purchasing drugs, the authors surveyed 95 pharmacy chain organizations and 112 hospital pharmacies. This included all National Association of Chain Drug Stores (NACDS) members with ten or more outlets and the pharmacy department in a teaching hospital associated with each of the U. S. medical schools. Fifty-two responded by providing criteria, while 45 indicated that no criteria had been established.

"In order to perform as an 'expert' and 'make judgments about quality drug products' ", the authors concluded that pharmacists need "in-depth information from the FDA and the pharmaceutical industry. While the FDA's *Approved Drug Products* list can be of assistance to the pharmacist, unfortunately its usefulness may be misconstrued by legislators and consumers and the pharmacist's judgmental decisions may be elimi-

(Continued on Page 35)

DRUG INFORMATION REPORTS

What is REM rebound? Has it been associated with the barbiturates?

Barbiturates such as pentobarbital and secobarbital are occasionally prescribed for their hypnotic effect. The sleep induced by the drugs is not "natural" since one effect of the drugs is to decrease time spent in the Rapid Eye Movement (REM) or dreaming stage of sleep. When these drugs are taken on a regular or chronic basis and then abruptly discontinued, dreaming time may increase to supranormal levels, a phenomenon known as REM rebound.

REM rebound often results in prolonged, frequent, and intense dreaming, nightmares, and insomnia. The amount of time spent in the dreaming stage of sleep will gradually decrease and return to normal, causing these symptoms to disappear. Unfortunately, many patients are unable to tolerate the excess dreaming and insomnia and will return to the barbiturates to arrest these symptoms. Such patient behavior is thought to be very important in the development of the "sleeping-pill habit."

REM suppression may also be caused by other hypnotic agents such as glutethimide, methaqualone, and certain benzodiazepines. Patients experiencing difficulties in discontinuing these drugs after chronic use are best withdrawn gradually under professional supervision.

For further information contact David Rudd, M. S., Division of Pharmacy Practice.

A lot more goes into Abbott drug products than simply drugs.

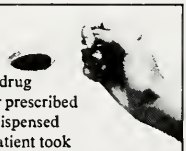
Gerry Hietala, Abbott research pharmacist, on flavoring:

"One 'yuck' from any of these panel members and it's back to the drawing board. This is the final, most critical test for flavoring in our suspensions. No matter how much effort goes into the flavoring system of a pediatric drug, this is the bottom line. Kids simply won't take a bad-tasting medicine.

There are two basic objectives in flavoring a suspension; first, naturally, you want to mask the drug taste. Erythromycin is a prime example. It's bitter. Second, you want to maximize flavor stability. Over a period of time even insoluable drugs will hydrolyze to a limited extent. The flavoring must be able to cover the increased bitterness to maintain palatability of the suspension.

We've developed a product that minimizes the amount of free erythromycin base that will develop, and we carefully control the quality of the starting drug. These two factors assure long-range stability . . . *and good taste* . . . when the product is out in the field.

Quality is built into our product through a sophisticated system of flavor assessment. We utilize statistical preference testing in addition to the flavor profile method. These help us to arrive at a top quality taste and assure that it will be maintained in production. The result is a good-tasting product with maximum stability . . . medicine a sick kid is going to take for ten days without a single 'yuck'."



This is the drug
The doctor prescribed
That you dispensed
That the patient took
That Gerry flavored.
We're in this together.

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E.E.S.® BRIEF SUMMARY

ERYTHROCIN® ETHYL SUCCINATE
(ERYTHROMYCIN ETHYLSUCCINATE)

Indications:

Streptococcus pyogenes (Group A beta hemolytic streptococcus)—Upper and lower respiratory tract infections, skin, and soft tissue infections of mild to moderate severity, where oral medication is preferred. Therapy should be continued for 10 days.

Alpha-hemolytic streptococci (viridans group)—Short-term prophylaxis of bacterial endocarditis prior to dental or other operative procedures in patients with a history of rheumatic fever or congenital heart disease who are hypersensitive to penicillin.

S. aureus—Acute infections of skin and soft tissue of mild to moderate severity. Resistant organisms may emerge during treatment.

S. pneumoniae (D. pneumoniae)—Upper and lower respiratory tract infections of mild to moderate degree.

M. pneumoniae — For respiratory infections due to this organism.

Hemophilus influenzae: For upper respiratory tract infections of mild to moderate severity when used concomitantly with adequate doses of sulfonamides. Not all strains of this organism are susceptible at the erythromycin concentrations ordinarily achieved (see appropriate sulfonamide labeling for prescribing information).

Treponema pallidum—As an alternate treatment in patients allergic to penicillin.

C. diphtheriae and C. minutissimum—As an adjunct to antitoxin. In the treatment of erythrasma.

Entamoeba histolytica—In the treatment of intestinal amebiasis.

L. monocytogenes—Infections due to this organism.

Establish susceptibility of pathogens to erythromycin, particularly when *S. aureus* is isolated.

Contraindications:

Known hypersensitivity to erythromycin.

Warnings:

Safety for use in pregnancy has not been established.

Precautions:

Exercise caution in administering to patients with impaired hepatic function. During prolonged or repeated therapy, there is a possibility of overgrowth of nonsusceptible bacteria or fungi. Surgical procedures should be performed when indicated.

Adverse Reactions:

Dose-related abdominal cramping and discomfort. Nausea, vomiting, and diarrhea infrequently occur. Mild allergic reactions such as urticaria and other skin rashes may occur. Serious allergic reactions, including anaphylaxis, have been reported.

8013236

OBITUARIES

LOGAN N. WOMBLE

Logan N. (Doc) Womble, Plymouth, died October 4, 1979, in Washington County Hospital. Owner and pharmacist of Womble's Drug Store in Plymouth, he was born in Pittsboro in 1912 and spent the last 42 years in Plymouth. Womble was the first charter president of the Plymouth Jaycees, a past member of the Plymouth Lions Club, a member of the Plymouth and Washington County Chamber of Commerce, and a former director of the Planters National Bank.

T. M. KIRKPATRICK

T. M. "Tommy" Kirkpatrick, Jr., Plymouth, died in N. C. Memorial Hospital in Chapel Hill November 8, 1979. He was 56. Tommy graduated from the Medical College of Virginia School of Pharmacy in 1948 and was licensed in North Carolina in 1949. A native of Eden, he operated Kirkpatrick Drug Store, later Carolina Drug Store, in Eden for a number of years before moving to Plymouth. In Plymouth he was the owner of Roanoke River Pharmacy until his death.

JOSEPH P. BARBOUR

Joseph Parker Barbour died Sunday, December 2, 1979, at his home in Burlington. He was a 1925 graduate of the UNC School of Pharmacy, and was associated with Burlington Drug Company since 1936.

He served as chairman of the Alamance County Board of Health, President of the Alamance County Pharmaceutical Society, and was a member of the Kiwanis Club, NC Pharmaceutical Research Foundation, and the City of Burlington Traffic Commission.

M. T. UPCHURCH

M. T. (Bill) Upchurch, Smithfield, died Monday, October 22, 1979. Born in Apex, he graduated from the UNC School of Pharmacy in 1933. Mr. Upchurch operated Upchurch's Pharmacy in Smithfield for 43 years, and closed the store a month before he died. He had worked in Southern Pines, Spring Hope, Chapel Hill and Clinton before going to Smithfield in 1936. Upchurch was a charter member of the Smithfield Chamber of Commerce.

BIRTHS

Frank and Ann Measamer of Robersonville are happy to announce the birth of their daughter Sarah Ann. She was born on August 4th and weighed 7 pounds and 12¾ ounces.

MARRIAGES

Judy Kim Morris became the bride of *Roger Wilkins Efrid* on Saturday afternoon, December 1 in Denton. The Rev. Joseph Wilkins of Charlotte and the Rev. Herbet Baker of Denton officiated at the ceremony.

The bride is a graduate of Randolph Technical Institute and Davidson County Community College and is employed as a nurse at Community General Hospital. The bridegroom is a graduate of the School of Pharmacy at the University of North Carolina at Chapel Hill and owns and manages Denton Drug Store in Denton. The newlyweds will reside in Denton.

QUALITY GENERICS CONT.

nated completely."

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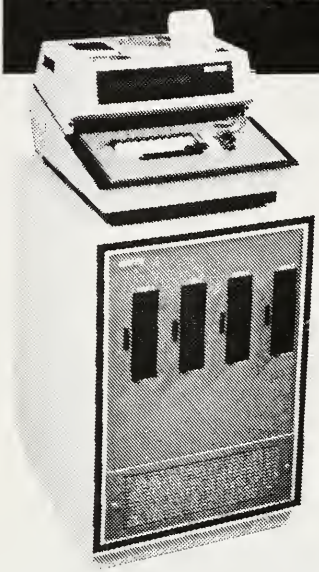

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